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Evaluating National Ongoing Programs: **Implementing the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation**

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WIA Adult and Dislocated Worker Programs | Gold Standard Evaluation

MATHEMATICA Policy Research

About the Evaluation Team

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EXECUTIVE SUMMARY

With a growing need for a more skilled workforce, providing effective and efficient employment and training services is an important national priority. Two of the nation's largest publicly funded employment and training programs are the Adult and Dislocated Worker programs authorized under the Workforce Investment Act of 1998 (WIA). In 2013, these programs together served about 8 million job seekers at a cost of about $2 billion. In July 2014, the Workforce Innovation and Opportunity Act (WIOA) superseded WIA and reauthorized these programs. Although WIOA made important changes to the public workforce system, the Adult and Dislocated Worker programs will, for the most part, continue to offer a similar set of services to job seekers.

Despite their importance, the WIA Adult and Dislocated Worker programs have not been evaluated using a rigorous random assignment evaluation. In response, in 2008, the Employment and Training Administration (ETA) within the U.S. Department of Labor (DOL) launched a national experimental evaluation of these two programs: the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation (WIA Gold Standard Evaluation).

This report describes the implementation of the impact study of the WIA Gold Standard Evaluation. It highlights the important lessons that we learned from designing and implementing this evaluation that may be informative for researchers conducting other impact evaluations, especially those of other national, ongoing programs. The short-term findings from this evaluation will be submitted to DOL later in 2015 and the long-term findings from the evaluation will be submitted in 2016.

Overview of WIA Adult and Dislocated Worker Programs

In contrast to its predecessor, the Job Training Partnership Act of 1982, WIA provided for universal access to basic services, considerable flexibility at the local level to design and implement service delivery, increased employer involvement, and greater accountability for customers' outcomes. The legislation also emphasized streamlining service delivery through program integration, reflected in the creation of American Job Centers (AJCs, formerly known as One-Stop Career Centers). AJCs house staff from multiple programs to provide customers comprehensive employment, training, education, and supportive services. Under the premise that states and Local Workforce Investment Areas (local areas) know best what service designs and delivery strategies are optimal for their communities, WIA allowed for state- and local-level decision-making. Governors designate local areas within their states and oversee the work of their Local Workforce Investment Boards (LWIBs). Each LWIB has responsibility for designing its local area's service system, with latitude in determining the emphasis the local AJCs give to various services, the providers that deliver services, the location of AJCs, and the customers targeted for services. Each of ETA's six regional offices oversees the implementation of the programs in a specific set of states.

The Adult and Dislocated Worker programs provide three tiers of services to customers: (1) core services, which are available to all customers and typically include self-service activities such as accessing job listings and local labor market information in a resource room or via the Internet, (2) intensive services, which are available to customers who are unable to obtain a job

that would lead to self-sufficiency using core services alone and include working with an employment counselor to develop an employment plan, and (3) training, which is typically provided through a voucher to customers who need a skills upgrade to obtain and retain employment. Many local areas also provide customers with supportive services (such as transportation assistance) to help them succeed in job search and training activities.

The Adult and Dislocated Worker programs provide the same services but serve different populations. The Adult program serves customers ages 18 or older, and, in local areas where available funds cannot serve everyone, gives priority to low-income customers. The Dislocated Worker program serves people who have been laid off or terminated from a job, or received notice that they will be terminated or laid off; those who were self-employed but have become unemployed because of general economic conditions in the community; and displaced homemakers who are no longer supported by another family member.

Overview of the WIA Gold Standard Evaluation

The WIA Gold Standard Evaluation's central objective is to generate rigorous estimates of the effectiveness of the formula-funded WIA Adult and Dislocated Worker programs that can be generalized to the entire program. It addresses the following three research questions:

1. Did access to specific combinations of service tiers in the WIA Adult and Dislocated Worker programs lead to better employment-related outcomes? Specifically:
   - Did access to core and intensive services lead to better outcomes than access to core services only?
   - Did access to core, intensive, and training services lead to better outcomes than access to core and intensive services only?
   - Did access to core, intensive, and training services lead to better outcomes than access to core services only?
   - Did the effectiveness of the programs vary by the characteristics of the customer or how the programs were implemented?
2. How were the WIA Adult and Dislocated Worker programs implemented?
3. Did the employment-related benefits that customers realized from receiving intensive and training services exceed the costs of providing those services?

This report focuses on the design and implementation of the impact study—the component of the study designed to address the first question.

To ensure that the impact estimates are unbiased and generalizable to the national programs, the study design called for the random assignment of customers in about 30 randomly selected local areas. All customers (with a few exceptions) in the participating local areas who requested and were eligible for WIA intensive services or training, and consented to participate in the study, were randomly assigned into one of three study groups: (1) the core group, which could receive only core services, (2) the core-and-intensive group, which could receive core and intensive services, but not training, and (3) the full-WIA group, which could receive all services—core, intensive, and training—that they would be eligible for in the absence of the study. For 15 months after random assignment, customers could receive only services that were

allowed for their study group. Customers who did not consent to participate in the study could receive only core services for the duration of the study intake period.

Data were collected on all customers participating in the study both before and after random assignment. After a customer consented to participate in the study but before he or she was randomly assigned, we collected detailed contact information and information on their demographic and socioeconomic characteristics. Random assignment occurred from November 2011 to April 2013. We conducted follow-up telephone surveys with a subset of study participants about 15 months after each was randomly assigned and will conduct another follow-up telephone survey with the same participants about 30 months after each was randomly assigned. We will also collect administrative data on quarterly earnings, new hires, and unemployment insurance benefit receipt that covers the 30 months after random assignment for all members of all three study groups.

Selecting and recruiting local areas for the evaluation

Randomly selecting local areas. The random selection of local areas participating in the study was crucial to ensure that the impact estimates derived from the study can be attributed to the WIA Adult and Dislocated Worker programs nationally rather than to only the local areas that agreed to participate in the study. The alternative—including in the study local areas that volunteered to participate—might yield misleading findings if the volunteer local areas were particularly effective or ineffective. We conducted a statistical analysis to determine the number of local areas, and customers within them, we would need to include in the evaluation to detect meaningful impact estimates. Based on this analysis, we aimed to include 30 local areas in the study to balance the need for enough local areas to estimate precise impacts with the costs of recruiting, training, monitoring, and collecting data from the local areas selected.

We selected the local areas from among the 487 local areas on the U.S. mainland that served more than 100 intensive service customers annually. Within each DOL administrative region, we randomly selected a predetermined number of local areas using probabilities proportional to local area size. We used sampling procedures to ensure diversity in the local areas by size, state, and the proportion of customers who participated in training. Potential replacement local areas were chosen to be as similar as possible to the originally selected local area.

Recruitment. We began recruiting by convening meetings to introduce the study to key national and regional stakeholders, such as DOL Regional Administrators and the National Association of Workforce Boards. After these meetings, the ETA assistant secretary at the time scheduled a telephone call with staff at each local area selected for the study to inform them of their selection and introduce the evaluation. After that call, senior evaluation team members visited the local areas to present the study and address questions. During subsequent visits, they met with other stakeholders and discussed details of the study design. We successfully recruited 26 (87 percent) of the 30 originally selected local areas. In addition, we recruited two others that were selected to replace two of the four local areas that declined to participate, for a total of 28 local areas participating in the study. Local area administrators confirmed their agreement to participate by signing a subcontract with Mathematica Policy Research.

Tailoring study procedures

Because implementation of the WIA Adult and Dislocated Worker programs varied among local areas, we had to tailor the evaluation design in all 28 participating local areas. In this tailoring, we applied four design objectives: (1) select a similar point of random assignment in each local area, (2) minimize the number of customers exempt from random assignment, (3) minimize disruptions to program operations, and (4) minimize the burden of the study on program staff. We tailored the design in three main areas: (1) the point of random assignment, (2) the access points at which customers entered the study, and (3) the customers who could be exempted from the study.

Point of random assignment. Customers were to be randomly assigned after they were found eligible for intensive or training services but before they received those services. However, this point was not always clear because local areas differed in how they defined intensive services. We decided to define the point of random assignment and the types of services offered to each study group as consistently as possible across the local areas. We defined intensive services for the study as any service that involved significant one-on-one interaction with staff, regardless of whether the local area recorded the service as an intensive service. For the most part, we were able to define the services received by members of the core and core-and-intensive groups consistently for the purpose of the study—as services that involved significant one-on-one interaction with staff—irrespective of how the local areas defined intensive services. However, we allowed minor deviations from the study definitions of intensive services for some local areas when requiring them to use the study definitions would have led to major disruptions to their typical service offerings. Even with these deviations, we expect that customers in the core-and-intensive group will receive more services requiring one-on-one interaction with staff than customers in the core group. We will document the services received by members of the core-and-intensive group and estimate the effectiveness of the receipt of these additional services.

Access points. Across all local areas, study intake was conducted at all access points in which local area staff determined that a customer was eligible for and needed WIA intensive or training services. However, we did have to tailor the intake in two local areas to accommodate customers who applied to the programs online.

Exemptions. The following categories of customers were exempted from the study in all local areas:

- **Trade Adjustment Assistance (TAA) program participants.** TAA program participants are entitled to certain services, including those provided by the WIA Adult and Dislocated Worker programs. Hence, TAA participants could not be denied WIA intensive and/or training services and were exempted from the study.
- **Veterans and covered spouses.** Veterans and certain spouses of veterans receive priority of service in the WIA Adult and Dislocated Worker programs. DOL decided that denying services to veterans or their spouses would go against the spirit of this provision.

- **Customers referred by an employer to receive on-the-job or incumbent worker training.** Local areas did not want to jeopardize relationships with employers by denying training to customers selected by employers for training.

The following customers were exempted in some, but not all, local areas:

- **Participants in other programs who were required or encouraged to receive WIA Adult or Dislocated Worker program services.** In some local areas, additional programs other than TAA also required or strongly encouraged that WIA services be offered to their participants. The most common programs in this category were Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program's (SNAP's) Employment and Training Program, and customers identified as being likely to exhaust unemployment insurance benefits.
- **Customers participating in other studies.** A few local areas already were participating in evaluations and we did not want to jeopardize the success of those studies by denying services to the customers in their treatment groups.

We also allowed local areas to ask for exemptions, known as wild cards, on an ad hoc basis for customers who faced hardships above and beyond those faced by most customers.

Working with local areas to implement study procedures

Considerable resources were invested in developing procedures manuals, implementing a web-based random assignment system, training local area staff in how to implement the evaluation, and supporting and monitoring the local areas as they implemented the evaluation.

Tailored procedures manuals. Each local area received a manual tailored to its specific context describing the procedures to follow throughout the study. These manuals included scripts that staff could use in describing the study to customers. We also developed a five-minute video about the study that staff members could play for customers.

Web-based random assignment system. Intake staff enrolled customers in the study through a web-based random assignment system. The system checked that the customer was not already in the system and then randomly assigned the customer to one of the three study groups. It produced a letter to be given to the customers explaining the implications of their study group assignment. It also allowed intake staff to check the study status of each customer seeking services to ensure that those in the core and core-and-intensive groups did not receive services for which they were not eligible during the study.

Training. Evaluation staff conducted in-person training on the study's procedures with program staff in all participating local areas. The training culminated in a practice session during which staff simulated the study enrollment process from start to finish.

Support and monitoring. Evaluation staff conducted in-person monitoring visits shortly after the start of random assignment and telephone calls with program staff involved in the study throughout the intake period and for 15 months after the last customer was randomly assigned. We also operated two help lines: one to answer customers' questions about the study and the

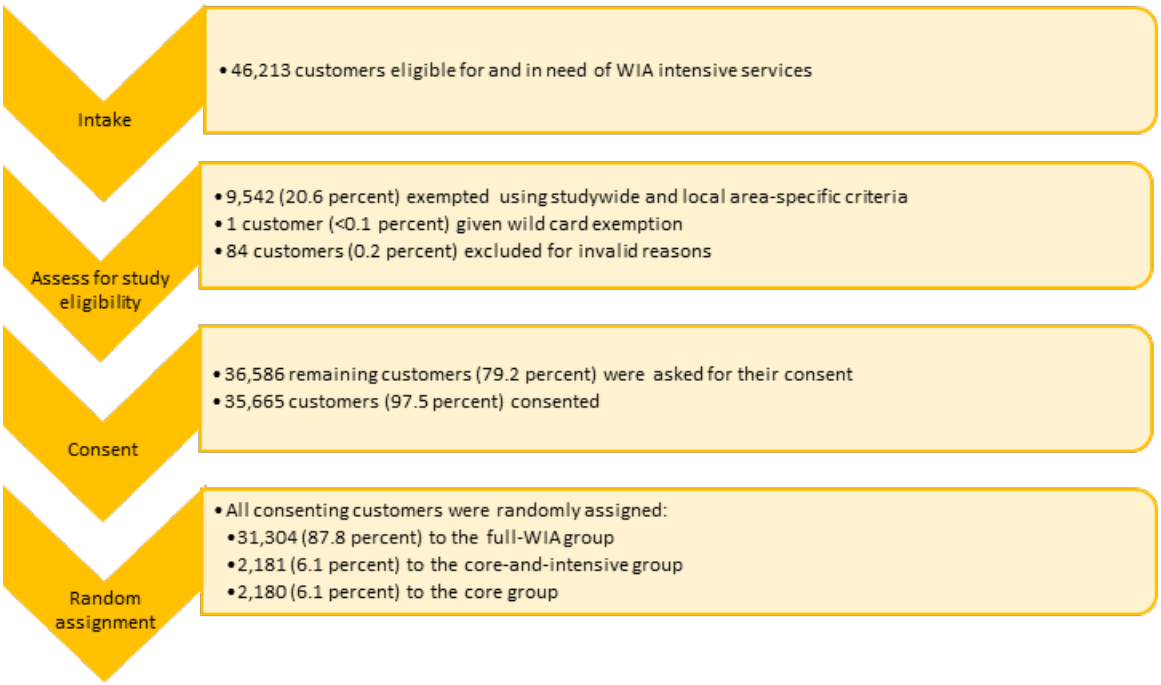
other to answer questions from program staff. We worked with local areas and their states to change the programs' management information systems so that they indicated the customer's study group assignment and hence the services that the staff could offer the customer. The evaluation team monitored study enrollment using reports produced by the random assignment system and service receipt of customers in the core and core-and-intensive groups through extracts of the WIA Standardized Record Data (WIASRD).

Executing random assignment

The study intake period. The first customer in the study was randomly assigned in November 2011 and the last customer was randomly assigned in April 2013. The study intake period varied across local areas from 2 to 16 months; the study intake period lasted more than a year in most local areas.

Study exemptions and nonconsenters. Across all local areas, staff members screened 46,213 customers who were eligible for and in need of formula-funded intensive or training services through the WIA Adult or Dislocated Worker program for study eligibility (Figure ES.1). Of these customers, 20.6 percent were excluded from the study because they were not study-eligible. The most frequently observed reasons that customers were ineligible for the study were that they (1) participated in TAA, (2) participated in another program for which receipt of intensive or training services was required or encouraged, or (3) were a veteran or the spouse of a veteran. Only one customer was granted a wild card exemption. Eighty-four customers were eligible for the study but intake staff incorrectly marked them as ineligible and they were excluded from the study; for example, one customer who was exempted because she was

Figure ES.1. Number of customers at each stage of study intake



Sources: WIA Gold Standard Evaluation's random assignment system database, study eligibility checklists, and consent forms.

receiving SNAP benefits should not have been exempted, because she was not participating in SNAP's Employment & Training program. More than 97 percent of those asked to participate in the study consented.

Enrollment targets and rate of assignment to the restricted-service groups. Evaluation staff developed a target number of customers to be assigned to the core and core-and-intensive groups for each local area. The target number was translated into a rate, which varied by local area and was adjusted over time depending on the expected enrollment flow and the desired length of the intake period. The rate at which customers were assigned to the core group was always set equal to the rate customers were assigned to the core-and-intensive group. Of the 35,665 customers randomly assigned, 2,180 customers (6.1 percent) were assigned to the core group and 2,181 customers (6.1 percent) were assigned to the core-and-intensive group. The remaining 31,304 customers (87.8 percent) were assigned to the full-WIA group.

Attrition. Of the 35,665 customers who were randomly assigned, 1,236 customers (3.5 percent) could not be included in the final study sample. Reasons for the exclusion of these customers included (1) they were determined to be ineligible for the study after random assignment, for instance because they later became TAA-eligible (761 customers), (2) they were marked in the random assignment system as having consented to the study, but we did not receive their signed consent forms (415 customers), (3) they revoked their consent to participate in the study (53 customers), and (4) we agreed to remove them from the study because local area staff provided a reasonable explanation for removing them (7 customers). After excluding these customers, our analysis sample contained 2,066 customers in the core group (95 percent of those randomly assigned), 2,064 in the core-and-intensive group (95 percent of those randomly assigned), and 30,299 in the full-WIA group (97 percent of those randomly assigned).

Crossovers. Crossovers are customers who received services that were not allowed by their assigned group. According to WIASRD records, 155 customers in the core group (7.5 percent) received some form of intensive services as defined by the local area in WIASRD. In following up with the local areas, we determined that many of these customers were likely to have received services that were considered as core for the study but that the local area recorded as intensive in the WIASRD. Six core group customers (0.3 percent of the core group) and 20 core-and-intensive group customers (0.9 percent of the core-and-intensive group) received an individual training account (ITA). These customers were likely crossovers, although they might not have violated study restrictions if another program, such as a National Emergency Grant, funded the ITA.

Baseline equivalence. If random assignment was implemented correctly, we would expect members of the three study groups to have the same characteristics, on average, before random assignment. To verify that this was the case, we used data from the forms that customers completed before random assignment and compared the average characteristics of customers in each study group. We found 12 statistically significant differences across the 168 comparisons made; we would expect 8 statistically significant differences to occur by chance if the comparisons were independent and more than 8 given the correlations between some characteristics. The differences we did find were small in size, and we plan to adjust for them in our impact analysis. This suggests that we will be able to attribute differences in follow-up outcomes across the three study groups to differences in service offerings.

Lessons learned

Two aspects of this evaluation were particularly challenging. First, the evaluation's goal was to obtain estimates that could be generalized to the program as a whole, rather than only to some local areas. This required that we recruit dozens of randomly selected local areas to participate in the study, none of which were required to participate or received large financial incentives to do so. Second, the evaluation sought to test the effectiveness of well-established ongoing programs, rather than demonstration programs developed for the purpose of testing the efficacy of an intervention. This required inserting random assignment procedures into existing program procedures—which differed across local areas—while minimizing disruptions to program operations. The lessons we learned in addressing these challenges could help in designing evaluations of other ongoing programs and included the following:

Recruiting sites for an experimental evaluation requires careful messaging to the appropriate stakeholders, flexibility in study design, and considerable time and resources. The involvement of ETA was critical in communicating to local areas the importance of the study. We also learned the importance of including all key stakeholders, as early as possible, when discussing participation in the evaluation. Study design can also affect the likelihood of site participation. In the WIA Gold Standard Evaluation the small restricted-service groups and designs tailored to the needs of the local areas were critical to recruitment success. The most effective arguments for local area participation were the importance of the study for future funding and the opportunities it provided for program improvement. Recruiting took 18 months and involved considerable time from senior ETA staff and senior members of the evaluation team.

Small restricted-service groups are critical for evaluations of ongoing programs for both site recruitment and to avoid program disruptions. A key factor in the study's success was the decision to keep the rate of assignment to the core and core-and-intensive groups low compared with the rate of assignment to the full-WIA group. Although the statistical precision of impact estimates is maximized when the study groups are of equal size, we decided to use very unequally sized study groups for two reasons: (1) restricting services to a large percentage of program applicants would likely have reduced the number of people served by the programs and hence changed the nature of the programs being evaluated, and (2) as noted earlier, having relatively few customers assigned to the restricted-service groups was a key factor in the participation decision for some local areas.

When sites vary in how they deliver services, a trade-off exists between standardizing the services offered in each site and evaluating the programs as they are usually operated. Because WIA gives local areas flexibility in implementing the Adult and Dislocated Worker programs, an evaluation of the national program has to accommodate the resulting differences in service delivery. One challenging aspect of the variation in the programs was that local areas defined intensive services differently. We allowed some local areas to deviate from the study definitions of intensive services when requiring them to use the study definitions would have led to major disruptions to their typical service offerings.

Program integration complicates the evaluation of any one program. The integration of programs is an important goal of WIA, but makes the evaluation of any one program more challenging. For this evaluation, we had to exempt some customers (such as TAA participants) who applied for services from the WIA Adult and Dislocated Worker programs because they were participating in another program.

Program staff should be asked to do as few evaluation tasks as possible and be provided considerable training and support on those tasks. We provided local areas an online web-based random assignment system that required minimal data entry, a short video about the study that staff could show to customers, and detailed manuals outlining the evaluation tasks. The manuals included scripts that staff could use in describing the study and informing the customers about their assignments. The in-depth training and continual support were also critical.

The most important factor in the success of the implementation of the WIA Gold Standard Evaluation was the dedication and hard work of the program staff. With their assistance, we were able to execute a challenging study design that will ultimately enable us to obtain rigorous estimates of the effectiveness of services provided nationally through the WIA Adult and Dislocated Worker programs.

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I. INTRODUCTION

With a growing need for a more skilled workforce, providing effective and efficient employment and training services is an important national priority. Two of the nation's largest publicly funded employment and training programs are the Adult and Dislocated Worker programs authorized under the Workforce Investment Act of 1998 (WIA). In 2013, these programs together served about 8 million job seekers at a cost of about $2 billion. In July 2014, the Workforce Innovation and Opportunity Act (WIOA), to be implemented in 2015, superseded WIA and reauthorized these programs. Although WIOA made important changes to the public workforce system, the Adult and Dislocated Worker programs will, for the most part, continue to offer a similar set of services to job seekers.

Despite their importance, the WIA Adult and Dislocated Worker programs have not been evaluated using a rigorous random assignment evaluation. In response, in 2008, the Employment and Training Administration (ETA) within the U.S. Department of Labor (DOL) launched a national experimental evaluation of these two programs: the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation (WIA Gold Standard Evaluation). The goals of the evaluation are to assess the effectiveness of the services provided through the formula-funded WIA Adult and Dislocated Worker programs, produce a detailed description of the programs' implementation, and determine the services' cost-effectiveness. The evaluation was implemented in 28 randomly selected Local Workforce Investment Areas (local areas), with more than 35,000 customers randomly assigned nationwide.

This report describes how Mathematica Policy Research and its partners, Social Policy Research Associates, MDRC, and the Corporation for a Skilled Workforce, together with ETA, designed and implemented the WIA Gold Standard Evaluation's study of the programs' effectiveness. It highlights the important lessons that we learned from designing and implementing this evaluation that may be informative for researchers conducting other impact evaluations, especially those of other national, ongoing programs. The short-term findings from this evaluation (based on customers' experiences in the 15 months after random assignment) will be submitted to DOL later in 2015 and the long-term evaluation findings (based on customers' experiences in the 30 months after random assignment) will be submitted in 2016.

In the rest of this chapter, we describe the key features of the WIA Adult and Dislocated Worker programs (Section A), discuss the changes that WIOA introduced to these programs (Section B), give an overview of the evaluation (Section C), and provide a road map to the rest of the report (Section D). Briefs and in-depth reports describing the findings of the impact study and other study components are forthcoming.

A. The Workforce Investment Act of 1998 and the Adult and Dislocated Worker programs

In 1998, WIA replaced the Job Training Partnership Act of 1982 (JTPA), amid concern that the public workforce investment system was severely fragmented and made up of more than 150 separately funded programs that operated without effective coordination or collaboration. This fragmentation resulted in redundancies, inefficiencies, and a confusing maze of programs difficult for customers to navigate (U.S. Government Accountability Office 1994).

WIA sought to make the public workforce system customer-focused, demand-driven, and able to help job seekers find and prepare for high-quality jobs. As stated in the legislation, WIA's goals were to increase occupational skills attainment, employment, job retention, and earnings of program participants, with the overall objective of improving the quality of the workforce, reducing welfare dependency, and enhancing the productivity and competitiveness of the Nation.[1] Key principles of WIA included:

- **Streamlined service delivery through program integration.** To promote collaboration between workforce development programs and create a comprehensive and integrated system, WIA mandated the operation of American Job Centers (AJCs, formerly known as One-Stop Career Centers) to provide job seekers access to employment, training, and education services in the same physical location. WIA specifies that more than a dozen programs—including WIA Adult, Dislocated Worker, and Youth programs; Job Corps; Wagner-Peyser Employment Service; Veterans Employment and Training Services; Trade Adjustment Assistance (TAA); Unemployment Insurance; and Vocational Rehabilitation—partner to provide comprehensive services through the AJCs.[2] In 2014, about 2,500 AJCs were operating across the country.[3]
- **Universal access to basic services.** AJCs must provide *all* job seekers—regardless of income, education level, or employment status—universal access to basic services, known as core services. These services, described further below, are primarily informational, and most are available for use with little or no assistance from staff.
- **Customer empowerment.** AJC staff must provide customers with information about occupations in high demand in their local labor markets, along with guidance and support. WIA stressed that customers should have considerable choice in the services they receive and promoted the use of WIA-funded vouchers for training, or individual training accounts (ITAs), which allow customers to choose the training program they attend.
- **State and local flexibility.** Under the premise that states and local areas know best what service designs and delivery strategies are optimal for their communities, WIA allowed for state- and local-level decision-making. Governors designate local areas within their states and oversee the work of their Local Workforce Investment Boards (LWIB). Each LWIB has responsibility for designing its local area's service system, with latitude in determining the emphasis the local AJCs give to various services (for example, its emphasis on training), the providers that deliver services, the location of AJCs, and the customers targeted for services. Each of ETA's six regional offices oversees the implementation of the programs in a specific set of states.
- **Employer involvement.** WIA stressed the importance of meeting the needs of employers in addition to those of job seekers. It required that the majority of state and local workforce investment board members represent private-sector businesses. In addition, AJCs were to

[1] The Workforce Investment Act of 1998 final rule, available at [http://www.doleta.gov/regs/statutes/finalrule.htm].

[2] A complete list of mandatory and optional AJC partners is available at [http://www.doleta.gov/programs/factsht/pdf/onestoppartners.pdf].

[3] A complete list of AJCs and a search tool to find those in specific geographic regions is available at [http://www.servicelocator.org].

offer employer services and to provide job seekers with funding only to train for jobs deemed to be in high demand by employers.

- **Increased accountability.** WIA emphasized workforce agencies' accountability for the labor market outcomes of their customers and required that states and local areas regularly submit performance data on their WIA-funded programs.

The Adult and Dislocated Worker programs provide three tiers of services to customers:

1. **Core services.** These services include providing job listings and other information on the local labor market; information on employment and training services available at the AJC and in the community; access to the Internet, telephones, fax machines, and copy machines; and access to online tools to help with job search. Customers can access many core services without staff assistance either in an AJC resource room or remotely via the Internet. Some core services (such as an initial assessment and workshops) require some limited staff assistance. The Wagner-Peyser Employment Service and other AJC programs typically share the cost of these core services. Consistent with WIA's focus on universal access to basic services, any customer can access core services.
2. **Intensive services.** These services include comprehensive and specialized assessments, help developing an individual employment plan, group and individual employment counseling, placement in work experience positions, and short-term prevocational services designed to prepare individuals for employment or training. Intensive services are available to adults and dislocated workers who, as determined by a staff member, are unable to obtain a job that would lead to self-sufficiency using core services alone.
3. **Training services.** Customers are primarily offered training via an ITA, a voucher which can be used to help pay for any training as long as it is for a high-demand occupation, the customer meets the enrollment requirements, and the training provider is on a list of state-approved providers. The Adult and Dislocated Worker programs also can provide trainings in collaboration with employers, including on-the-job training; training customized to employer needs; and, if they receive a waiver, training for workers already employed, known as incumbent workers. Any customer who, as determined by program staff, needs a skills upgrade to obtain and retain employment is eligible to receive WIA-funded training services.

WIA specified that local areas provide these services sequentially. They could offer intensive services only when a customer had received at least one core service and could offer training only if the customer had received at least one intensive service. Many local areas also provide customers with supportive services (such as transportation assistance) to help them succeed in job search and training activities.

Although the Adult and Dislocated Worker programs provide similar services, each program has its own eligibility rules:

- **Adult program** services are available to any individual age 18 and older and, when funds are limited, public assistance recipients and other low-income individuals have priority for accessing intensive and training services.

- **Dislocated Worker program** services are available to any individual who was (1) terminated or laid off from a job, showed attachment to the workforce, and unlikely to return to his or her previous occupation or industry, (2) terminated or laid off as a result of a plant closure or substantial plant downsizing, (3) self-employed and experiencing unemployment as a result of general economic conditions, or (4) a displaced homemaker who was no longer supported by another family member.[4]

The WIA Gold Standard Evaluation focuses on the customers served by the WIA Adult and Dislocated Worker programs using the formula funds provided to local areas rather than any funds held in reserve at the national or state levels. Twenty percent of the amount appropriated by Congress for the WIA Dislocated Worker programs is held in reserve by the federal DOL. Some of this reserve is used for specific grants, such as the national emergency grants (NEGs), which provide funds for workers affected by unexpected economic events that cause large job losses. Of the funds distributed to the states, the states reserve 25 percent of the Dislocated Worker program funds for rapid response activities, which are activities that address the needs of workers from specific plant or company closings. The states can also hold back an additional 15 percent of their funds for both the Adult and Dislocated Worker programs for other state-wide activities. While these national and state workforce activities can include some of the intensive and training services provided under the formula-funded programs, they often differ from the formula-funded programs in the customers served and the types of services offered and hence are not included in the study.

B. Workforce Innovation and Opportunity Act of 2014

WIOA represents the first significant reform of the public workforce investment system since WIA's enactment in 1998. WIOA left most of WIA's key principles in place and retained the general structure of the AJC system. However, it made some important changes designed to better align system goals and streamline service delivery. Among the changes specific to the WIA Adult and Dislocated Worker programs, WIOA combined core and intensive services into a single career services tier and eliminated the requirement that customers access tiers of services sequentially. Because of the latter change, customers seeking and eligible for training services may be able to access them more quickly.

WIOA makes several other important changes to improve the services provided to job seekers. They include:

1. **Promoting improved workforce system partnerships.** WIOA requires that states and core workforce system partners in each local area develop unified strategic plans and report on common measures of performance. It also requires the collocation of the Wagner-Peyser Employment Service and WIA programs and adds Temporary Assistance for Needy Families (TANF) as a mandatory AJC system partner, with the option for Governors to opt out of this requirement with DOL approval.
2. **Further aligning workforce and economic development goals.** The legislation requires local areas within an economic region to coordinate with each other, and

[4] See [http://www.doleta.gov/programs/general_info.cfm] for additional details about eligibility for the Dislocated Worker program.

emphasizes sector-based strategies to promote employment in high-demand industries and occupations.

3. **Promoting work-based training.** WIOA relaxes restrictions on the use of incumbent worker training and increases the reimbursements to employers for on-the-job and customized training. It also authorizes transitional job placements.
4. **Expanding local areas' flexibility for responding to the needs of job seekers and employers.** In addition to eliminating the sequence-of-services requirement mentioned above, WIOA promotes integrated intake and case management, and encourages the use of a career-pathways framework for designing job seeker services. It also increases the flexibility that local areas have for transferring funds between the Adult and Dislocated Worker programs.

WIOA has a phased implementation with major programmatic changes and planning and accountability changes taking effect on July 1, 2015, and July 1, 2016, respectively. Despite these changes, much of what we learn from studying the Adult and Dislocated Worker programs under WIA will apply to the programs as they are implemented under WIOA.

C. Overview of the WIA Gold Standard Evaluation

The WIA Gold Standard Evaluation's objectives are to estimate the effectiveness of WIA intensive and training services on adults' and dislocated workers' employment and earnings and examine how the programs have been implemented nationwide. Specifically, the evaluation addresses three main research questions and their subquestions:

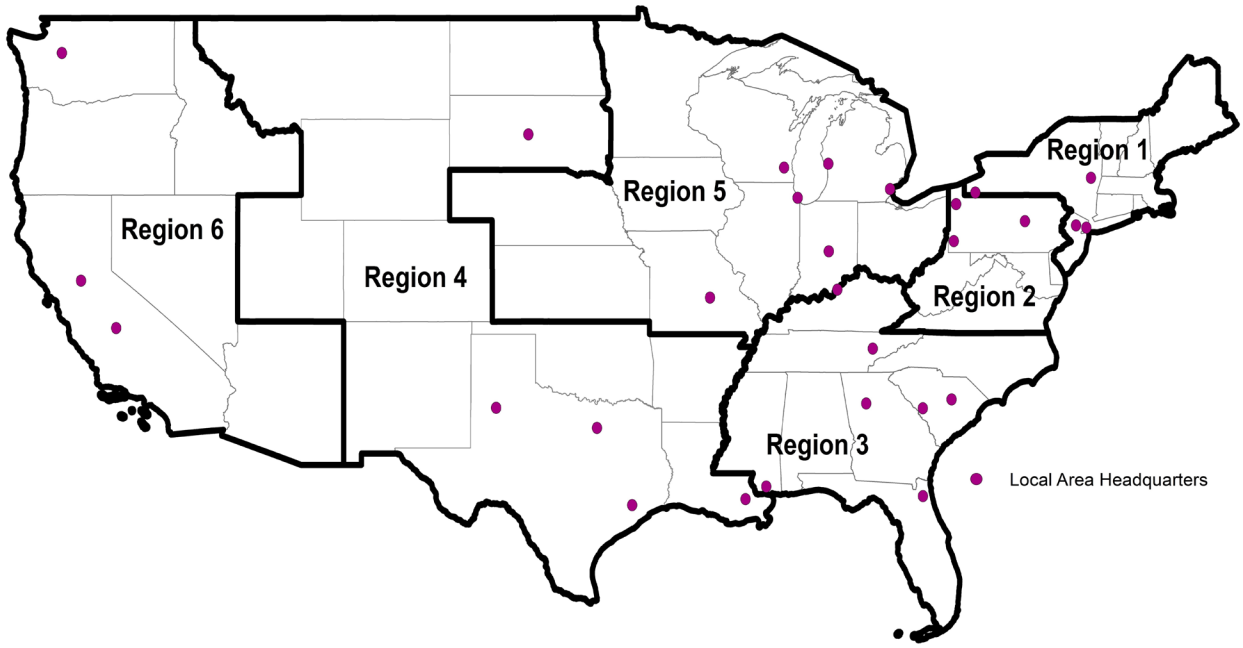
1. Did access to specific combinations of service tiers in the WIA Adult and Dislocated Worker programs lead to better employment-related outcomes? Specifically:
   - Did access to core and intensive services lead to better outcomes than access to core services only?
   - Did access to core, intensive, and training services lead to better outcomes than access to core and intensive services only?
   - Did access to core, intensive, and training services lead to better outcomes than access to core services only?
   - Did the effectiveness of the programs vary by the characteristics of the customer or how the programs were implemented?
2. How were the WIA Adult and Dislocated Worker programs implemented?
3. Did the employment-related benefits that customers realized from receiving intensive and training services exceed the costs of providing those services?

To answer these research questions, the study design included three mutually reinforcing components: an impact study, an implementation study, and a cost-benefit analysis. This report focuses on the implementation of the impact study, which addresses the first research question. An implementation and benefit-cost study will address the second and third questions, respectively. The findings from the impact, implementation, and benefit-cost analyses will be presented in forthcoming reports.

Next, we briefly describe the key features of the impact study design to set the context for the more detailed information on its implementation presented in subsequent chapters.

Random selection of local areas. The WIA Adult and Dislocated Worker programs are implemented across the country. To ensure that the estimated impacts of each program are generalizable or applicable nationally rather than to just a subset of local areas, the design called for random selection of local areas to participate in the evaluation. The local areas were selected from among all local areas on the U.S. mainland except those that served only a small number of customers. To ensure that the sample was large enough to allow us to detect effects of a meaningful magnitude, we conducted a statistical power analysis to determine the number of local areas, and customers within them, that we would need to include in the evaluation to be able to detect policy-meaningful impacts. Based on this analysis, the design called for random selection of 30 local areas. As discussed in Chapter II, we were able to recruit 26 of these 30 randomly selected local areas and two additional randomly selected replacement sites. Figure I.1 shows the location of the 28 local areas participating in the study.

Figure I.1. Location of the 28 local areas participating in the study



Source: WIA Gold Standard Evaluation.

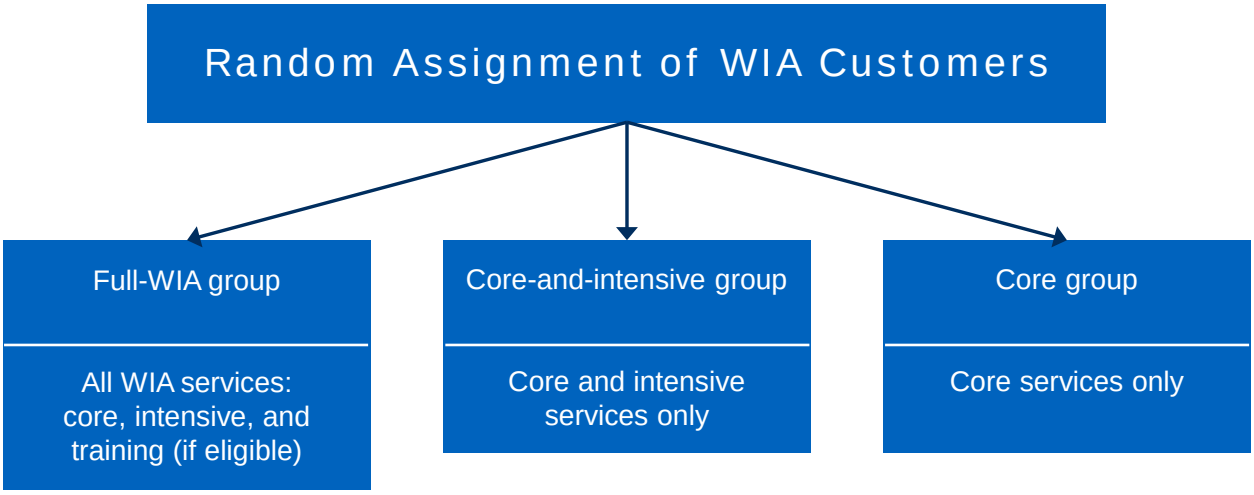
Random assignment of customers. To obtain rigorous, unbiased estimates of the impacts of the WIA Adult and Dislocated Worker programs, the design called for random assignment of customers within the local areas participating in the study to three study groups. Random assignment designs usually are viewed as the gold standard for evaluating social programs because, more than any other approach, these designs allow us to confidently attribute any observed differences in outcomes between those offered a set of services and those offered a different set of services (or no services) to the differences in services offered, rather than to other factors. ETA previously sponsored well-implemented nonexperimental evaluations of the WIA Adult and Dislocated Worker programs (Heinrich et al. 2008; Hollenbeck et al. 2005). The studies have carefully constructed comparison group designs. As with all nonexperimental designs, however, people who choose to receive the services offered could differ from those who

did not in ways that are not measured and hence cannot be accounted for in the analysis, and these unmeasured differences could lead to biased estimates of effectiveness.

The WIA Gold Standard Evaluation design required the random assignment of all customers (with a few exceptions) in the participating local areas. The randomly assigned customers were those who were eligible for and in need of WIA intensive services, were eligible for study participation, and consented to participate in the study and be assigned to one of three groups (Figure I.2):

1. **Full-WIA group.** Customers in this group could receive any services for which they were eligible and were determined to need, just as they would in the absence of the evaluation.
2. **Core-and-intensive group.** Customers in this group could receive any core or intensive services provided by the WIA Adult or Dislocated Worker program for which they were eligible and were determined to need. They could not receive *training* services funded by the WIA Adult or Dislocated Worker programs.
3. **Core group.** Customers in this group could receive *only core services* and no intensive or training services funded by the WIA Adult and Dislocated Worker programs.

Figure I.2. Three research groups



Source: WIA Gold Standard Evaluation.

The design called for most customers participating in the evaluation to be randomly assigned to the full-WIA group and receive services as they would in the absence of the study. Although statistical power for the impact study is driven largely by the number of participating local areas, it also depends on the number of customers in each study group. We aimed to set low random assignment rates to the core and core-and-intensive groups, referred to collectively as the restricted-service groups, so that these groups would be much smaller than the full-WIA group. We set targets for the number of customers randomly assigned to the restricted-service groups for each local area but not for the much larger full-WIA group. As discussed further in Chapter V, the probability of any customer being assigned to either restricted-service group was

relatively small, and the rate of assignment was the same for the core and core-and-intensive groups.

After customers were randomly assigned, they could only receive services that were allowed for their study group for 15 months after random assignment; these 15 months after random assignment are referred to as the embargo period. For example, a member of the core group could not receive intensive or training services through the WIA Adult or Dislocated Worker programs for 15 months. After that point, customers could receive any program services for which they were eligible. Study participants were free to access other employment and training services available in the community at any time. Customers who did not consent to participate in the study could receive only core services for the duration of the study intake period in their local area.

Baseline data. The design called for data on demographic and socioeconomic characteristics to be collected from all customers via a study registration form that was self-administered after the customer had consented to participate in the study but before random assignment. A contact information form administered with the study registration form gathered information necessary to locate the sample member later.

Follow-up data. We conducted follow-up telephone surveys with a subset of study participants about 15 months after each was randomly assigned and plan to conduct another survey with the same participants about 30 months after each was randomly assigned. Administration of the 15-month survey ended in April 2015, and we plan to complete the 30-month survey in early 2016. All members of the core and the core-and-intensive groups, along with about 2,000 randomly selected members from the full-WIA group, are being targeted for both surveys. We plan to collect administrative data on quarterly earnings, new hires by employers, and unemployment insurance benefit receipt for all members of all three study groups from the National Directory of New Hires maintained by the U.S. Department of Health and Human Services.

Impact estimates. We plan to estimate the impacts of offering intensive and training services by comparing the employment and other outcomes of members of each of the study groups. In particular, we plan to estimate (1) the impact of offering training services relative to core services by comparing the outcomes of the full-WIA group and the core group, (2) the impact of offering training services relative to offering intensive services by comparing outcomes of the full-WIA group and the core-and-intensive group, and (3) the impact of offering intensive services relative to core services by comparing outcomes of the core-and-intensive group and the core group. In addition, we plan to estimate impacts for subgroups, such as those defined by whether the customer was a participant in the Adult and/or Dislocated Worker program, age, sex, race/ethnicity, and educational and employment background. Finally, we will estimate impacts for subgroups of local areas that—as determined through the implementation study—have similar policies or program implementation; these estimates may illustrate whether and how the impacts vary by how the programs were implemented.

D. Road map to the rest of the report

The rest of this report describes how we worked with ETA, states, and local areas to implement the evaluation's impact study. Chapter II describes the random selection of local areas and efforts to recruit them to participate. Chapter III describes how we tailored the random assignment design to the needs of each local area. Chapter IV describes the materials we developed for the local areas and how we helped program staff members implement the study procedures. Chapter V describes how random assignment was executed and the extent to which the validity of the experiment was maintained. Chapter VI concludes with lessons learned about designing and implementing experimental evaluations of national ongoing programs.

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II. SELECTING AND RECRUITING LOCAL AREAS FOR THE EVALUATION

The random selection of local areas was crucial to ensure that the impact estimates derived from the study can be viewed as the impacts of the WIA Adult and Dislocated Worker programs nationally rather than just the estimates of the impacts of the programs in a select group of local areas. We randomly selected 30 local areas for the study, as well as local areas to replace those originally selected if not all of them agreed to participate in the study. We then had to convince the selected local areas to participate. Recruiting sites to participate in an impact study is always challenging, but it was especially so for this study because local areas were not required to participate and received only modest financial compensation for doing so. In addition, the random assignment design required that WIA staff had to restrict the service access of customers randomly assigned to the core or core-and-intensive groups; this was understandably difficult for WIA staff to contemplate doing.

This chapter describes how we selected local areas for the study (Section A) and the methods we used to recruit them to participate (Section B). Section C shows that, as intended, the local areas in the evaluation look similar to all local areas in the United States.

A. Selecting local areas for the study

We first needed to determine how many local areas to include in the evaluation. We needed enough local areas to estimate precise impacts—that is, impacts that closely approximate the true value—but needed to balance that number of local areas with the costs of recruiting, training, monitoring, and collecting data from them. Using a statistical power analysis, we settled on 30 local areas as the best balance of these two competing factors. Sampling additional local areas would have increased the cost of the evaluation but would not have provided appreciable benefits in statistical precision.

We constructed the sample frame, or the set of local areas from which we would randomly select our sample, by starting with a list of all 585 local areas as of March 2008. We then excluded from the sample frame the 22 local areas outside the 48 contiguous states and 76 very small local areas—those with fewer than 100 customers annually who were reported in the WIA Standardized Record Data (WIASRD) as having received intensive services. We excluded local areas outside the contiguous states because (1) the local area staff did not speak English, or (2) it would have been prohibitively costly to travel to these areas to implement the impact study procedures and to conduct visits for the implementation study. We excluded the smallest local areas from the evaluation because of the high costs of implementing the intervention in areas that would supply only a very small number of WIA customers for the study.

The final sample frame included 487 local areas, representing 83 percent of all local areas and more than 98 percent of customers who receive WIA-funded intensive services in the contiguous United States. We selected local areas from this sample frame with probabilities proportional to size, which means that larger local areas were more likely to be selected than smaller local areas. We adopted this design because it would yield the most precise estimates of the effects of WIA intensive and training services for the average customer nationally, except those in the very smallest local areas. For a measure of local area size, we used the number of customers who received WIA intensive and/or training services and exited the programs between

April 2006 and March 2008, as recorded in the WIASRD. We used two years of data because we believed doing so best balanced the desire to use the most current customer counts with the need to smooth out idiosyncratic spikes in enrollment.

To ensure geographic diversity and representation, we sampled a predetermined number of local areas in each of the six DOL administrative regions. We determined the number of local areas to select in each region based on each region's share of intensive service customers. This resulted in the selection of four local areas in Region 1, three in Region 2, seven in Region 3, five in Region 4, seven in Region 5, and four in Region 6. The New York City Workforce Investment Board and the Gulf Coast Workforce Board in Texas were selected with certainty (that is, were not sampled) because they each contained a considerable fraction of the national WIA customer population.

Within each region, we randomly selected the prespecified number of local areas using probabilities proportional to local area size. We used systematic sampling procedures to select the local areas. We ensured that there would be variation in the state, the size of the local area, and, as a proxy for the emphasis the local area placed on training, the training rate, or proportion of customers who were reported to have received intensive services in WIASRD who also were reported to have received training. First, we sorted the local areas by whether they were large or small (greater or less than 600 customers annually), their state, and whether the training rate was greater or less than 50 percent. Second, we sequentially selected local areas from this sorted list by randomly selecting a starting point and then selecting local areas by moving down the list using a fixed interval.

For each of the 30 randomly selected local areas, we identified potential replacement local areas to help maintain the representativeness of the study sample if the originally selected local area declined to participate. The replacement local areas were chosen to be as similar as possible to the originally selected local area and were obtained by searching for local areas that were, in order of priority: in the same region, of similar size, in the same state, and with similar training rates as the originally selected local area. The size of the local area was an important matching characteristic to ensure sample size targets could be met without drastically changing the rates at which customers would need to be assigned to the restricted-service groups. We developed an ordered list of five potential replacement local areas for each originally selected local area.

Table II.1 displays the 30 local areas originally randomly selected for the study and the 2 replacement local areas that were included in the study.[5] Twenty-six of the originally sampled 30 local areas—87 percent—agreed to participate. Using the ordered lists of replacement local areas we had already developed, we successfully replaced two of the four local areas that declined to participate: Thumb Area (Michigan) was replaced by Southeast Michigan, and WIA Area 7 (Ohio) was replaced by Chicago (Illinois). The LWIBs of two other local areas—Du Page County (Illinois) and Nevada—declined to participate late in the recruitment process. Thus, there was insufficient time to recruit and set up study procedures in replacement local areas within the study's timeline.

[5] Appendix A provides the official names of each local area along with the short-hand name used in the report.

Table II.1. The evaluation's originally selected and replacement local areas

DOL region	State	Size	Training rate	Status	Local area name
1	NJ	Small	Low	Agreed	Essex County (New Jersey)
1	NY	Large	Low	Agreed	New York City
1	NY	Large	Low	Agreed	Capital Region (New York)
1	NY	Small	High	Agreed	Chautauqua County (New York)
2	PA	Large	Low	Agreed	Central Pennsylvania
2	PA	Small	Low	Agreed	Southwest Corner Pennsylvania
2	PA	Small	Low	Agreed	Northwest Pennsylvania
3	FL	Large	High	Agreed	First Coast (Florida)
3	GA	Small	High	Agreed	Atlanta Region (Georgia)
3	KY	Large	Low	Agreed	Louisville (Kentucky)
3	MS	Large	High	Agreed	Twin Districts (Mississippi)
3	SC	Large	Low	Agreed	Lower Savannah (South Carolina)
3	SC	Small	High	Agreed	Santee-Lynches (South Carolina)
3	TN	Large	High	Agreed	East Tennessee
4	LA	Small	High	Agreed	New Orleans (Louisiana)
4	SD	Large	Low	Agreed	South Dakota
4	TX	Large	Low	Agreed	Gulf Coast (Texas)
4	TX	Large	High	Agreed	North Central Texas
4	TX	Small	High	Agreed	South Plains (Texas)
5	IL	Small	High	Refused, Not Replaced	Du Page County (Illinois)
5	IL	Large	Low	Replacement	Chicago (Illinois) *(Replaced WIA Area 7 [Ohio])*
5	IN	Large	Low	Agreed	Indianapolis (Indiana)
5	MI	Large	High	Refused, Replaced	Thumb Area (Michigan)
5	MI	Large	High	Replacement	Southeast Michigan *(Replaced Thumb Area [Michigan])*
5	MI	Small	High	Agreed	Muskegon (Michigan)
5	MO	Small	High	Agreed	Central Region (Missouri)
5	OH	Large	High	Refused, Replaced	WIA Area 7 (Ohio)
5	WI	Small	High	Agreed	Waukesha-Ozaukee-Washington Counties (Wisconsin)
6	CA	Large	Low	Agreed	Fresno County (California)
6	CA	Large	High	Agreed	Sacramento (California)
6	NV	Small	High	Refused, Not Replaced	Nevada
6	WA	Large	High	Agreed	Seattle-King County (Washington)

Source: WIA Gold Standard Evaluation.

Notes: DOL Region 1 includes CT, MA, ME, NH, NJ, NY, RI, and VT (and Puerto Rico and the U.S. Virgin Islands, which were not included in the study); Region 2 includes DE, DC, MD, PA, VA, and WV; Region 3 includes AL, FL, GA, KY, MS, NC, SC, and TN; Region 4 includes AR, CO, LA, MT, ND, NM, OK, SD, TX, UT, and WY; Region 5 includes IA, IL, IN, KS, MI, MN, MO, NE, OH, and WI; and Region 6 includes AZ, CA, ID, NV, OR, and WA (and Alaska, Guam, and Hawaii, which were not included in the study). Small local areas are those with fewer than 600 customers annually, and large local areas are those with 600 or more annually. High and Low training rate categorization is based on whether the local area's training rate is greater or less than 50 percent. A status of Agreed means the local area was originally selected and agreed to participate; Refused, Replaced indicates a local area that was originally selected, refused to participate, and was replaced; Refused, Not Replaced indicates a local area that was originally selected, refused to participate in the study, but was not replaced; and Replacement indicates a replacement local area that agreed to participate.

B. Recruiting local areas to participate

To successfully recruit the selected local areas to participate in the study, we implemented a two-step approach. First, we sought the support of national, state, and local stakeholders to

ensure study buy-in at all levels of the public workforce investment system. Second, we were sensitive to the concerns of the selected local areas and addressed them in the local area-specific study procedures to the extent possible (discussed further in Chapter III).

Our approach drew from the lessons learned recruiting sites for the National JTPA Study conducted in the late 1980s and early 1990s (Doolittle and Traeger 1990). The investigators encountered difficulties recruiting sites to participate in the study, with more than 150 sites refusing before the final sample of 16 was formed. Thus, although the study produced rigorous results for the sites studied, its findings could not be generalized to the JTPA program as a whole. Sites' reasons for refusing included (1) misgivings about randomly assigning customers, (2) concerns that random assignment would harm their enrollment numbers and performance data, and (3) worries about additional administrative burdens. For the WIA Gold Standard Evaluation, we took these experiences into consideration in designing the study (for example, by allowing for low assignment rates to the restricted-service groups) and in recruiting the randomly selected local areas (for example, by actively involving DOL senior staff in the recruitment process and being prepared to address local areas' concerns about the random assignment of customers).

We began preparing to recruit the selected local areas on March 11, 2010, with a training session for the study recruiting team. By May 2012, all 28 participating local areas (26 originally selected local areas and two replacement local areas) had signed subcontracts with Mathematica. In some cases, more than one subcontract was executed with a local area. For example, separate subcontracts were executed with each of the three counties in Capital Region (New York). Separate subcontracts were also executed with the New York State DOL and the New York City Department of Small Business Services to implement the study in New York City.

The study's recruitment team—comprised of senior research staff—carried out the following activities:

1. Informing regional and national stakeholders

We recognized the importance of promptly informing national and regional stakeholders of the study, answering their questions, and garnering their support. Before beginning local area recruitment, ETA and Mathematica convened meetings to introduce the study to key stakeholders, including DOL regional administrators, the National Association of Workforce Boards, the National Association of State Workforce Agencies, the National Association of Counties, the United States Conference of Mayors, the National Governors Association, and the National League of Cities. During these meetings, participants raised questions, many of which were about restricting customers' access to WIA program services. Overall, however, they understood the need for the evaluation and expressed support for it.

2. Training recruiters

On March 11, 2010, we convened the 11 study team members from Mathematica, Social Policy Research Associates, and MDRC who were responsible for recruiting local areas for the evaluation. During the one-day training, the recruiters learned important details about the study design and their responsibilities as recruiters, and reviewed generic materials that had been prepared to help with recruitment. These materials included a PowerPoint presentation to be used

in the initial meetings with local areas' leadership and documents, such as a project summary and frequently-asked questions and their answers, to hand out to participants at the initial meeting. (Appendix B contains these materials.) During the training, recruiters practiced responses to local area stakeholders' likely questions and concerns about the study.

3. Publishing a Training and Employment Notice

In April 2010, ETA issued a Training and Employment Notice (TEN 37-09) notifying all state and local areas about the start of the evaluation of the WIA Adult and Dislocated Worker programs. The TEN did not name the selected local areas that agreed to participate in the evaluation.

4. Informing local areas of their selection

Toward the end of May 2010, Jane Oates, assistant secretary for ETA at the time, scheduled a telephone call with each local area selected for the study to inform the key stakeholders of their selection and introduce the evaluation. During the call, Ms. Oates briefly described the study, its importance, and DOL's commitment to it. The local area was typically represented on the call by the LWIB's executive director. In most cases, ETA also invited the director of the state workforce agency and the regional administrator to the meeting. We believe that these calls were a key factor in convincing many local areas to participate in the study because they demonstrated ETA leadership's commitment to the study and the importance they placed on it.

In general, local areas' reactions to the study were positive. However, representatives from several local areas expressed strong reservations about the study to the assistant secretary. One local area (WIA Area 7 [Ohio]) refused to participate in the study, and, after one additional call from ETA, we agreed to replace it. Two or three other local areas expressed concerns, but follow-up conversations with ETA persuaded them to continue discussions about participating.

After the introductory telephone call, we mailed a letter from the assistant secretary to each local area. The letter described the study's purpose, introduced the evaluation team, and informed the local area that an evaluation team member (one of the trained recruiters) would call to schedule an in-person meeting with the key local stakeholders. Recruiters worked with their assigned local areas throughout the recruitment period.

5. Presenting the study to key stakeholders

Each selected local area's assigned recruiter conducted the first visit to the local area during summer 2010 (from July 1 through September 16), to present the study and answer stakeholders' questions. The two-and-a-half month time period was necessary to accommodate the schedules of local area representatives. Visits to the two replacement local areas occurred in October and November 2010. A national or regional ETA representative joined the assigned study recruiter on 25 of the 31 initial visits to local areas selected to be in the study.[6] State representatives attended some, but not all, of these meetings. If a state representative did not attend, the

[6] We visited 29 of the 30 local areas initially selected for participation in the study and two replacement local areas, for a total of 31 local areas.

recruiters scheduled another meeting (in person or by telephone) to brief state representatives and answer their questions about the study.

Typically, each meeting had four agenda items:

1. **Introductions.** The ETA representative introduced the study and thanked the local area for the meeting.
2. **Presentation.** The recruiter used a PowerPoint presentation to describe the study design.
3. **Information gathering.** The recruiter obtained initial information on the local area's customer intake processes and core, intensive, and training services (see Chapter III).
4. **Questions and answers.** The recruiter and ETA representative answered questions from meeting attendees.

Throughout the meetings, sensitivity to local areas' concerns was a common theme. Recruiters emphasized that Congress required a rigorous study to provide evidence of the WIA Adult and Dislocated Worker programs' effectiveness and that ETA was committed to an evaluation using random assignment of customers. Recruiters stressed that the study team would work closely with the local area and provide assistance to ensure that implementation of the evaluation would minimize disruptions to the local area's operations. Finally, the recruiters discussed compensation for study participation.

Several local areas expressed their agreement to participate in the study at the in-person meeting, but others raised questions and concerns about their participation. Stakeholders across local areas raised concerns about denying services to customers who would be assigned to one of the restricted-service groups. They questioned whether this was ethical and also raised concerns about potential political fallout. During the March recruiter training, we had prepared recruiters to respond to these questions by reiterating Congress' requirement for a rigorous study of WIA programs and explaining the elements of the study design that would ease the difficulties of random assignment (for example, small restricted-service groups and universal access to core services). In addition, recruiters assured local areas that customers would be required to provide informed consent before participating in the study and that their assignment to study groups would be completely random and not based on any of their characteristics. Recruiters also stressed that WIA funds in most local areas are limited, so that intensive and training services cannot typically be provided to all customers who seek them even in the absence of the study; therefore, random assignment would not reduce the number of customers who would receive WIA services and would be a fair way to allocate services.

We worked with ETA to provide a response to concerns about potential political fallout, questions of legality, and the impacts of imposing new requirements on customers without giving them advance warning. In the July 21, 2011, edition of the *Federal Register,* ETA published a notice of its plans for the random assignment study and solicited comments from the public. The final notice, which included ETA's response to comments, was published on February 6, 2012. In addition, ETA Assistant Secretary Oates sent a letter to participating local areas assuring them that their participation in the evaluation was critical and that the results would be used to document the importance of WIA-funded programs. Local areas were encouraged to share this letter with their AJC partners, state and local workforce investment board members, and

members of the community who were concerned about the legality of imposing new requirements on customers.

Stakeholders raised other concerns at these initial and later recruitment meetings. The common concerns and the recruiters' responses included:

- **Burden on the staff.** Recruiters acknowledged that the study would require additional work but indicated that they would work closely with the local area administrators to adapt the study procedures to minimize the burden on staff. The evaluation also provided financial compensation to local areas for the additional burden on staff.
- **Customers' access to nonparticipating local areas.** Stakeholders in local areas where customers had easy access to AJCs in neighboring local areas expressed concern that their customers would simply seek services elsewhere. In response, the recruiters said the study team would explore ways to identify study participants and notify neighboring local areas to respect these customers' study group assignments.
- **Challenges studying the effects of training.** Local area administrators expressed concerns that not everybody in the full-WIA group would be considered appropriate for training and, at times, limited training funds would result in few new training customers. Recruiters acknowledged the importance of these issues and explained that the study was designed to evaluate the WIA Adult and Dislocated Worker programs as they were operating, even if that meant limited training funds were available and that not everyone would be eligible for training.
- **Additional aspects of WIA not covered by the study.** Stakeholders expressed concern that the impact study would not capture the full extent of their work (such as the partnerships developed with community organizations and outreach to employers). Recruiters responded that the evaluation's implementation study, which would draw information from two in-person visits to each local area during the evaluation, would document these other aspects of their work.
- **Effects of the impact study on WIA performance measures.** Some local area staff were concerned that the presence of the restricted-service groups would affect their performance measures because these customers would not be able to receive the services they needed to obtain employment. Recruiters reiterated that the sampling rates to the restricted-service groups would be set low, so a small percentage of customers would be affected. In addition, the study team promised to raise the issue of performance measures with ETA.

6. Communicating with local areas, including return visits

After the initial visits, recruiters maintained communication with all local areas. In those local areas that had already expressed their agreement to participate, recruiters continued discussions to understand how the study procedures would best be implemented in the local area and to inform additional stakeholders, such as members of the LWIB, AJC managers, and other partners about the study. Communication with local areas that did not immediately agree to participate centered on answering their questions and addressing specific issues that could affect their participation. Routinely, recruiters brought these issues to the evaluation's senior team members—the project director, deputy project director, and co-principal investigators—to ensure

that any modifications to accommodate the local area-specific issues were consistent with the evaluation's key principles.

Recruiters returned to all local areas except one for a follow-up meeting; the exception was Thumb Area (Michigan), which declined to participate after the initial in-person meeting. Recruiters visited several local areas more than once to ensure the key stakeholders understood and supported the evaluation. If the local areas' issues and concerns warranted it, the evaluation's project director or ETA project officer accompanied the recruiter on these subsequent visits.

7. Convening all participating local areas

We hosted a meeting on February 9-10, 2011, in Arlington, Virginia, of staff from all local areas that had agreed to participate in the evaluation. This meeting brought local area staff together with senior DOL staff and ensured that all local areas were hearing a consistent message about the evaluation. Participants attended sessions that included DOL and ETA senior staff at the time, including DOL's chief evaluation officer, Jean Grossman, and ETA Assistant Secretary Jane Oates, Deputy Assistant Secretary Gerri Fiala, Acting Administrator of the Office of Policy Development and Research Michael Jones, Director of the Division of Research and Evaluation Heidi Casta, and the Contract Officer's Representative for the evaluation, Eileen Pederson. Study team members led sessions on the evaluation's timeline and next steps, as well as discussion sessions on best practices for implementing the study. Two additional local areas declined to participate after the meeting, at which point it was too late to try to recruit replacements for them.

8. Negotiating and signing subcontracts

The recruitment process in each local area officially ended with the signing of a subcontract between the local area's responsible agency and Mathematica. The first subcontracts were signed in March 2011, and all 28 local areas had fully executed subcontracts by May 2012.

Much of the subcontract content was standard across local areas, but recruiters negotiated aspects of the subcontract with each local area. In particular, recruiters were responsible for establishing the period of the local area's participation in the evaluation, the point of random assignment, and the local area's compensation for participating in the evaluation. As discussed in Chapter III, we worked with staff in each local area to determine the point of random assignment and length of the intake period that would be most appropriate from the perspectives of the study and the local area.

Mathematica's evaluation contract with DOL included a fixed budget for local area compensation. To establish a fair distribution of the compensation across local areas, each received a fixed base amount and an allocation of the remaining compensation based on an estimate of the number of customers who would be included in the study. The total amount of compensation promised to local areas varied from $20,000 to $535,000; the average amount was $84,203. Nine local areas negotiated a higher compensation amount because they anticipated additional costs of study participation.

C. Assessing the representativeness of the local areas in the study

The geographic distribution of the 28 local areas that agreed to participate in the study is similar to that of the 487 local areas in the contiguous United States that had 100 or more customers annually who were recorded in the WIASRD as having received at least one intensive service. Table II.2 compares the distribution of these intensive service customers—our measure of local area size—in all local areas in the study frame (the local areas in the 48 contiguous states that were not very small) to the study sample of 28 participating local areas, and the 30 local areas that were initially randomly selected and targeted for recruitment. The geographic distribution of the study sample is similar to that of the universe of local areas in the sample frame.

The average percentage of intensive service customers who received training as well as intensive services in the years before the evaluation is somewhat lower in the study sample than the universe of local areas in the sample frame; this is largely because the two replacement local areas in DOL Region 5 had lower training percentages than the local areas they replaced. In selecting replacement local areas, we placed a lower priority on the percentage of intensive service customers that went on to receive training than on region and size.

Table II.2. Distribution of intensive service customers nationally and in local areas for the study

	Customers who received intensive services		
	In all local areas in the U.S. mainland that were not very small[a] (487 local areas)	In local areas that agreed to participate in the study (28 local areas)	In local areas that were originally selected for the study (30 local areas)
Percentage of intensive service customers in administrative region			
DOL Region 1	14%	14%	13%
DOL Region 2	7	11	10
DOL Region 3	26	25	23
DOL Region 4	17	18	17
DOL Region 5	21	21	23
DOL Region 6	14	11	13
Average percentage of intensive service customers who also received training	57%	53%	56%

Source: WIASRD records for adult and dislocated worker exiters, April 2006 to March 2008.

Notes: DOL Region 1 includes CT, MA, ME, NH, NJ, NY, RI, and VT (and Puerto Rico and the U.S. Virgin Islands, which were not included in the study); Region 2 includes DE, DC, MD, PA, VA, and WV; Region 3 includes AL, FL, GA, KY, MS, NC, SC, and TN; Region 4 includes AR, CO, LA, MT, ND, NM, OK, SD, TX, UT, and WY; Region 5 includes IA, IL, IN, KS, MI, MN, MO, NE, OH, and WI; and Region 6 includes AZ, CA, ID, NV, OR, and WA (and Alaska, Guam, and Hawaii, which were not included in the study). Characteristics of local areas nationwide are based on those included in the sample frame for possible selection into the study as described in the text. Characteristics are weighted by the projected sample size in selected local areas.

[a]Very small local areas were local areas that served fewer than 100 intensive service customers annually.

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III. TAILORING STUDY PROCEDURES

The broad outlines of our design for the impact study called for the local areas participating in the evaluation to use a standardized set of procedures to enroll customers in the study. All new customers who were interested in, and found eligible for, intensive services were to be informed about the study and asked to provide their consent to participate. Upon providing consent, customers were to complete a study registration form that requested information about their personal economic and demographic characteristics and a contact information form that requested information necessary to find the customer for a follow-up survey interview. Program staff members would enter some of this information into an online random assignment system and conduct random assignment immediately, while the customer waited. After random assignment, the staff member would inform customers of their study groups and what services they could and could not receive as a result. Staff in the local areas would conduct these procedures for a study intake period lasting 12 to 18 months, and customers would remain in their study groups—receiving only services permitted by their group assignment—for 15 months after they had been randomly assigned.

The basic features of this design were implemented in all 28 participating local areas. However, local areas have considerable discretion in how they provide Adult and Dislocated Worker program services. Therefore, the evaluation had to accommodate differences across local areas in intake procedures and the types and sequences of services offered. Moreover, the evaluation had to negotiate when local area stakeholders could not, or did not agree to, restrict services for some customers.

This chapter begins by discussing the key design objectives that guided our tailoring of study procedures to each local area (Section A). We then discuss how we obtained information required to tailor the design (Section B) and how we used this information to tailor the study procedures for the local areas in the study (Section C).

A. Design objectives

We needed to develop study procedures to accommodate local area variations in existing program operations while pursuing the following four key design objectives:

1. **Select a similar point of random assignment in each local area to ensure each of the three study groups was similar across local areas.** Our design called for conducting random assignment before intensive or training services were offered so that the study could answer research questions about the separate impacts of intensive services and training relative to core services and to each other. We wanted to select the point of random assignment so that customers across all local areas would have access to a similar set of services before random assignment and customers in each group would be offered similar services after random assignment.
2. **Minimize the number of customers exempt from random assignment.** To ensure that the impact findings could be broadly applicable to the national population of customers who were served by the WIA Adult and Dislocated Worker programs during the period that the impact study covered, our design called for us to minimize exemptions from random assignment.

3. **Minimize disruptions to the programs.** The policy question of interest is the impact of WIA services *as they are normally delivered*. Substantial deviations from local areas' typical operations as a result of the study would limit the generalizability of the study's results. Therefore, we aimed to minimize deviations from normal program operations, including the sequence and content of services offered to customers. One key design decision to meet this goal was setting a rate of assignment to the restricted-service groups that was low relative to the rate of assignment to the full-WIA group. Significantly reducing the number of customers who could receive intensive and/or training services could have affected the nature of the services. For example, if fewer customers were receiving intensive services, staff could spend more time with each customer. Similarly, if fewer customers were receiving training, each customer could access a more expensive training program. The rate of assignment to the restricted-service groups varied by local area as discussed in Chapter V.

4. **Minimize the burden of the study on local area staff.** Participation of the randomly selected local areas was crucial to the success of the impact study. Therefore, as part of the negotiations during the recruitment process, we offered to tailor aspects of the study procedures to reduce the burden on staff. This increased the likelihood that the local area staff would agree to participate in the study, implement the procedures consistently, and maintain the study's integrity by keeping customers in the study groups to which they were assigned. In addition, most of the tailoring to reduce burden on staff also reduced disruptions to the program—which was in line with our third goal.

B. Gathering information from local areas

With these design objectives in mind, we gathered the information necessary to tailor the study procedures to each local area's circumstances. During initial in-person visits to the selected local areas in summer and fall 2010, evaluation team staff assigned to each local area—whom we refer to as *liaisons*—started learning about the local areas' operations, service offerings, and customer intake flows. This continued throughout the design phase of the study, through follow-up in-person and telephone meetings and email exchanges. These discussions covered the following broad topics:

Local area core, intensive, and training offerings. We used the information on specific service offerings in each AJC in each participating local area to delineate which services would be available to each of the three study groups.

Logistics of study intake. Discussion topics included:

- Access points, or places in the local area where customers could be determined eligible for WIA intensive services.
- Customer flow—the steps a customer would take from AJC entry to WIA eligibility determination and the receipt of intensive services—and any differences in the customer flow across access points and types of customers.
- Local area staff members who would need to be trained to implement study procedures.

Length of study intake. We discussed possible random assignment start dates and the duration of the sample intake period that would be acceptable to the local areas and long enough to obtain the required sample sizes.

Customers who should be exempted from random assignment. We discussed with each local area whether any categories of customers would need to be excluded from random assignment and the reasons for the exemptions.

Ability to restrict services for those in the restricted-service groups. Some local area staff expressed concern that customers assigned to one of the restricted-service groups could access WIA services through an AJC in another local area, which could undermine the random assignment design. We discussed ways to reduce the likelihood of that occurring.

C. Tailoring procedures for the local areas

We used the design objectives, along with the information we gathered about participating local areas, to tailor study procedures for each local area in the evaluation. Tailoring occurred in five main areas: (1) the point of random assignment and the services offered to each study group, (2) access points for WIA services, (3) exemptions, (4) length of study intake, and (5) measures to limit restricted-service group members' access to WIA services.

1. Point of random assignment and services offered to each study group

Because the central goal of the evaluation was to estimate the effectiveness of WIA intensive and training services, it was important that customers be randomly assigned after they were found eligible for intensive services but before they received those services. Typically, eligibility for training was determined after eligibility for intensive services. (Two local areas offered intensive services only to customers who were interested in training and the first intensive service they received was to determine whether the customer was eligible for WIA-funded training.) Before random assignment, customers could not receive any intensive or training services but could receive core services.

Although WIA defined core, intensive, and training services (Table III.1), it gave local areas considerable flexibility to design their programs to meet the needs of their customers. Therefore, the local areas in the study varied in the exact services they offered and to whom they offered them. For example, although all local areas offered one-on-one assistance, some offered it only to customers interested in training.

In addition to varying in the services they offered, local areas differed in how they defined intensive services, adding complexity to the definition of the point of random assignment and the services that could be offered to customers in each of the study groups. To define the point of random assignment and the types of services offered to each study group consistently across the local areas, ETA, the study team, and an advisory panel of independent experts agreed that random assignment should occur after customers were determined eligible for a service that involved significant one-on-one interaction with staff, whether or not the local area recorded the service as an intensive service. For the most part, local areas defined services that involve significant one-on-one interaction with staff as intensive services. In some instances, however, local areas categorized services as intensive that, in the judgment of the study team, did not

involve significant one-on-one staff assistance, and vice versa. Applying this consistent definition of intensive services across all local areas helped ensure that customers assigned to the restricted-service groups would be offered a more standardized set of services.

Table III.1. Core, intensive, and training services as defined by WIA

Core services
WIA eligibility determination
Orientation to the AJC
Initial assessments of skills, abilities, aptitudes, and supportive service needs
Job search assistance and placement
Provision of labor market information
Provision of performance and cost information on service providers
Provision of information about supportive services
Provision of information about filing an unemployment insurance claim
Assistance with applying for funds to support training
Follow-up with customers placed in employment
Intensive services
Comprehensive and specialized assessments
In-depth interviewing and evaluation
Development of an individual employment plan
Group counseling
Individual counseling and career planning
Case management for customers seeking training
Short-term prevocational services to prepare individuals for unsubsidized employment or training
Training services
Occupational skills training
Skill upgrading and retraining
Entrepreneurial training
On-the-job training
Workplace training
Job readiness training
Adult education and literacy

Source: Workforce Investment Act of 1998.

For the most part, local areas were willing to follow the study definition of intensive services and conduct random assignment before offering the first service we considered to involve significant one-on-one staff assistance. For example, some local areas that provided brief, initial triage interviews with customers as soon as they walked into the AJC labeled these interviews as intensive services. Because the staff in the local areas said that these triage interviews were typically very short, we categorized them as core services for the study and allowed staff to conduct random assignment after they had occurred.

However, we allowed some local areas to deviate slightly from the study definitions of core and intensive services. Although this tailored approach meant that the point of random assignment and the definition of core and intensive services varied somewhat across local areas,

it minimized local areas' burden and disruptions to their typical service offerings. Minimizing changes to the normal sequence in which services were offered helped ensure that the impact estimates would reflect the effects of the services as they were typically delivered. The services offered to customers in the core-and-intensive group will differ somewhat because of these differences in definition. The follow-up surveys will collect detailed information on what services customers in each study group actually received. We expect that customers in the core-and-intensive group will receive more services involving one-on-one interaction with staff than customers in the core group, and we will estimate the impact of receiving these additional services.

Deviations from study definitions of core and intensive services can be summarized as follows:

Assessments. Some assessments—such as WorkKeys and the Test of Adult Basic Education (TABE)—are categorized as intensive services in some local areas and core services in others. As much as possible, we categorized assessments that involved at least some follow-up discussion with a WIA counselor to interpret scores as an intensive service for the study. This was not feasible in all local areas, however, for two reasons. First, some participating local areas offered specific assessments as a core service as a way of determining eligibility for further services—customers with scores below a threshold were not offered intensive services or training. Second, some local areas offered assessments as core services as a courtesy to local employers or to screen applicants for on-the-job training slots funded through discretionary grants. It would have been impractical and could have damaged relationships with local employers to deny these assessments to customers, many of whom had no intention of receiving WIA-funded intensive or training services. Throughout the study, these local areas continued to offer assessments largely as they would have in the absence of the study. If offered as a core service, random assignment occurred after customers took the assessment; if offered as an intensive service, random assignment occurred before customers took the assessment.

Workshops with intensive staff involvement. We categorized short workshops with little one-on-one staff interaction as core services and longer workshops or those with more one-on-one staff assistance as intensive services. However, one local area offered a three-day workshop—clearly a workshop that we would classify as an intensive service—to all customers, regardless of WIA eligibility. We included this workshop in the study as a core service rather than as an intensive service because the local area did not want to prohibit any customer from attending this workshop.

Supportive services. Most local areas, if they offered supportive services at all, only offered them to customers who received intensive or training services; therefore, they easily complied with our request to offer supportive services only to customers in the core-and-intensive or full-WIA groups. However, one local area offered up to $200 in financial aid to all customers in need, before determining WIA eligibility. That local area was not willing to limit this financial aid to those eligible for WIA intensive services. Therefore, in this one local area, this aid was available to members of the core group as well as the core-and-intensive and full-WIA groups.

We worked with each local area to insert the study procedures into their already established procedures for interacting with customers, and we did not ask the local areas to change how they

reported service receipt in their management information systems. Because customers must register and be determined eligible for WIA intensive services before accessing those services, random assignment for study-eligible customers was conducted immediately after the WIA intensive service eligibility determination (other than the exceptions noted above). In some local areas, such as New York City, staff initiated study procedures when a customer arrived to receive his or her first service because nearly all adult and dislocated worker customers were viewed as automatically eligible for WIA intensive services. Therefore, some study-eligible customers were randomly assigned when they arrived at a workshop; those assigned to the core group could attend the first half of the workshop (which was defined as a core service) but were asked to leave during the second half of the workshop (which was considered an intensive service).

A forthcoming report on the study of the implementation of the WIA Adult and Dislocated Worker programs conducted as part of the WIA Gold Standard Evaluation will provide further details about the services local areas offered before and after random assignment in each of the study groups.

2. Access points

Our goal was to conduct study intake at *all* access points in which local area staff determined that a customer was eligible for and needed WIA intensive services. This was in line with the design principles of minimizing the proportion of customers exempt from random assignment, minimizing burden on local area staff, and ensuring that customers received only the services commensurate with their assigned study group. Including all access points would maintain the representativeness of the sample and help ensure that customers randomly assigned to the restricted-service groups at one intake point would not receive additional services from another location. In addition, including all access points would spread the burden of random assignment evenly across the entire local area, rather than concentrating the burden in only the included access points. Finally, by including all, rather than just a subsample, of access points, we could keep the assignment rates to the restricted-service groups low in any given access point. Offsetting these advantages was the increased cost of implementing and monitoring study procedures in local areas that covered a large geographic area or had many access points.

The study team reviewed the information gathered by the liaisons on the locations in the local areas at which WIA staff determined eligibility and suitability for intensive services. These included the comprehensive AJCs that offered access to all the mandatory partners, as well as affiliate or satellite AJCs that offered more limited services. Some affiliate centers did not offer any Adult or Dislocated Worker program services. Some local areas had mobile centers, which typically provided core services at companies with large layoffs, at job fairs, in rural communities, and in other areas where customers may not have had easy access to computers or transportation.

In all participating local areas, we included *all* access points where customers were determined eligible for intensive services in the study intake process. Even our geographically largest local area—the entire state of South Dakota—agreed that study intake could be implemented at all access points. Study intake occurred online in two local areas: Atlanta Region (Georgia) and First Coast (Florida). Customers in these areas learned about the study and completed the study forms before speaking with intake staff. If we had required customers to

visit the AJC to attend an orientation about the study, it would have been a major departure from normal operating procedures and burdensome for staff. Therefore, during the study, the websites for these local areas instructed customers to watch a video we had developed about the study, read information about the study, and complete the WIA application and study forms online. Program staff processed the WIA applications to determine WIA eligibility, and then reviewed the study forms to determine study eligibility. They then conducted random assignment and notified the customers of their study group assignments either verbally or by mail.

In addition to the online access points in two local areas, study intake occurred at 214 physical access points across the 26 other local areas (Table III.2). At any one time during the study intake period, the number of distinct access points might have been less as some AJCs closed or consolidated and new AJCs opened. Across the 26 local areas with physical access points, the number of access points used at some point during the study intake period ranged from 1 to 25, with a mean value of 8 physical locations.

Table III.2. Number of access points in the study, by local area

Local area	Number of access points	Local area	Number of access points
Atlanta Region (Georgia)	Online	Muskegon (Michigan)	3
Capital Region (New York)	3	New Orleans (Louisiana)	3
Central Pennsylvania	6	New York City	10
Central Region (Missouri)	19	North Central Texas	14
Chautauqua County (New York)	2	Northwest Pennsylvania	5
Chicago (Illinois)	23	Sacramento (California)	15
East Tennessee	9	Santee-Lynches (South Carolina)	4
Essex County (New Jersey)	1	Seattle-King County (Washington)	7
First Coast (Florida)	Online	South Dakota	12
Fresno County (California)	5	South Plains (Texas)	6
Gulf Coast (Texas)	25	Southeast Michigan	6
Indianapolis (Indiana)	4	Southwest Corner Pennsylvania	4
Louisville (Kentucky)	4	Twin Districts (Mississippi)	12
Lower Savannah (South Carolina)	9	Waukesha-Ozaukee-Washington Counties (Wisconsin)	3
			214

Source: WIA Gold Standard Evaluation's random assignment system.

Note: The table includes all physical locations at which customers were randomly assigned at some point during the study intake period. See Appendix A for the LWIB associated with each local area participating in the study.

3. Exemptions from random assignment

One of the key design objectives was to minimize the number and types of customers exempted from the study so that the impact findings would generalize to the national population

of WIA adults and dislocated workers. Ideally, we wanted to include all new customers (those not already receiving intensive or training services) who were found eligible for intensive services under the WIA Adult or Dislocated Worker program in the local area. However, for reasons we discuss next, some eligible customers could not be randomly assigned and were therefore exempted from the study. These customers were allowed to receive the same services they would have received in the absence of the study. The exemptions fell into three categories: (1) studywide exemptions, (2) local area exemptions, and (3) wild cards, or exemptions made for specific customers at the request of the local area.

Studywide exemptions. Three categories of customers were exempted from the study in all local areas:

1. **Participants in the TAA program.** TAA is an entitlement program—those eligible for TAA cannot be denied TAA services. Many local areas automatically enrolled TAA participants in WIA so that they could also be offered WIA services. Including TAA participants in the WIA Gold Standard Evaluation would be problematic since TAA participants' access to intensive and training services could not be restricted.
2. **Veterans and covered spouses.** Veterans and certain spouses of veterans receive priority of service. ETA decided that denying intensive or training services to veterans or covered spouses would go against the spirit of the priority of service provision. Moreover, some local areas only agreed to participate in the study on the condition that veterans be exempted.
3. **Customers referred by an employer to receive on-the-job training or incumbent worker training.** Staff in all local areas considered maintaining strong relationships with employers in the local area a top priority. Typically, when local areas funded on-the-job training opportunities, staff members would recommend job seekers for the on-the-job training slots to the employer providing the slots. Sometimes, however, the employer identified a job seeker and requested that that specific job seeker fill an on-the-job training slot. In that situation, local area staff expressed concern that their relationship with the employer could be harmed if the employer-referred job seeker was randomly assigned to a restricted-service group, and therefore unable to fill the on-the-job training position. Therefore, these employer-referred job seekers were exempted from the study. In addition, incumbent worker training—training provided to workers already employed—is not an eligible training program under the WIA Adult or Dislocated Worker program, but some local areas receive waivers to offer it. When the local area offered incumbent worker training programs funded by WIA, the workers who received the training were exempted from the study to maintain good relationships with the employers who provided the training.

Local area-specific exemptions. Specific customer groups in certain local areas were also exempted from the study. The evaluation team typically accommodated requests from local areas if three conditions were met. First, there had to be a well-defined reason for the exemption. For example, local areas were reluctant to deny services to customers who could use participation in a WIA-funded training program to fulfill requirements for an assistance program. Second, to maintain the integrity of random assignment, intake staff had to be able to identify the exempt customers and verify their exemption status before random assignment rather than afterward.

Third, exempt groups had to comprise only a small percentage of all WIA adult and dislocated worker customers in the local area.

The exemptions specific to local areas—indicated in Table III.3—fell into the following categories:

1. **Participants in other programs who were required or encouraged to be co-enrolled in WIA services.** Just as TAA participants are offered WIA services as part of participating in TAA, other programs in some local areas also required that WIA services be offered to their participants. The most common programs in this category are TANF, the Supplemental Nutrition Assistance Program's Employment and Training Program (SNAP E&T), and customers, known as profilees, who were identified as being likely to exhaust unemployment insurance benefits. Others include Vocational Rehabilitation programs, the Social Security Administration's Ticket-to-Work Program, and special local training programs. In some instances, local area administrators requested an exemption for programs, such as TANF, that referred their customers to AJCs and encouraged them to access WIA services. Stakeholders indicated that denying services to these referred customers could potentially harm their relationships with the referring programs.
2. **Customers participating in other studies.** A few local areas already were participating in evaluations when recruitment for the WIA Gold Standard Evaluation began. The treatment groups in the other evaluations sometimes were required to receive services, including those restricted in the WIA Gold Standard Evaluation. For example, the Reemployment Eligibility and Assessment (REA) Initiative Evaluation mandated the receipt of intensive case management; therefore, treatment group members in that study were exempted from the WIA Gold Standard Evaluation (although control group members were not). Other examples include the Enhanced Transitional Jobs Demonstration Program in Indianapolis (Indiana) and those receiving services through Health and Human Services grants in the Seattle-King County (Washington) local area.
3. **Wild card exemptions.** A wild card refers to an exemption of a customer from the study for extenuating circumstances. Such exemptions were granted for customers whom local area staff indicated faced hardships above and beyond those faced by most WIA adult and dislocated worker customers. Local area staff members were told that they had to use the wild cards *before* a customer was randomly assigned. To keep such exemptions to a minimum, local areas had to call the evaluation project director directly for permission to use the wild card.

We used study eligibility checklists (Appendix C) to keep track of the exemptions from random assignment. These checklists, tailored to each local area, showed possible exemptions from random assignment. In most local areas, they were completed by the intake staff for all customers found eligible for intensive or training services. In the two local areas in which intake occurred online, the customer completed the eligibility checklist online.

Table III.3. Local area-specific study exemptions

Local area	No local area-specific exemptions	Mandated or encouraged to receive services: SNAP or TANF recipients	Mandated or encouraged to receive services: Unemployment Insurance program profilees	Mandated or encouraged to receive services: Other	In another study
Atlanta Region (Georgia)	X				
Capital Region (New York)		X		X	X
Central Pennsylvania	X				
Central Region (Missouri)		X	X		
Chautauqua County (New York)					X
Chicago (Illinois)				X	
East Tennessee	X				
Essex County (New Jersey)	X				
First Coast (Florida)		X		X	
Fresno County (California)				X	
Gulf Coast (Texas)		X			
Indianapolis (Indiana)					X
Louisville (Kentucky)	X				
Lower Savannah (South Carolina)	X				
Muskegon (Michigan)	X				
New Orleans (Louisiana)	X				
New York City					X
North Central Texas		X			
Northwest Pennsylvania	X				
Sacramento (California)	X				
Santee-Lynches (South Carolina)	X				
Seattle-King County (Washington)		X			X
South Dakota	X				
South Plains (Texas)				X	
Southeast Michigan	X				
Southwest Corner Pennsylvania	X				
Twin Districts (Mississippi)			X		
Waukesha-Ozaukee-Washington Counties (Wisconsin)	X				

Source: WIA Gold Standard Evaluation.

TANF = Temporary Assistance for Needy Families

SNAP = Supplemental Nutrition Assistance Program

4. Length of study intake

Although the predetermined target for the *number* of customers to be assigned to the restricted-service groups was nonnegotiable, we did discuss with the local areas the *rate* of assignment to these groups and the optimal length of the study intake period. The rate of assignment and length of intake are numerically linked: a higher rate of assignment to the restricted-service groups allows the target to be met in a shorter intake period than a lower rate of assignment. We preferred that the rate of assignment into each restricted-service group not exceed 25 percent at any point during study intake, as this was viewed as being high enough to potentially interrupt normal delivery of services. As described in Chapter V, the average rate of random assignment to any one of the restricted-service groups was much lower than 25 percent in most local areas, and never exceeded 25 percent in any local area.

We also preferred that local areas select an intake period that was no shorter than 12 months and no longer than 18 months; a period of at least 12 months ensured we could capture seasonal differences in customer flows, service receipt (training programs often start in the fall and the beginning of the year), and hiring. An intake period longer than 18 months would have delayed the study's findings.

Most local areas preferred a shorter time period whenever possible; some expressed this preference at the outset and some after random assignment had begun. They wanted to finish up with the study procedures as quickly as possible and were less concerned about the rate at which customers were assigned to the restricted-service groups than we had anticipated. Two local areas had intake periods that were shorter than 12 months. First Coast (Florida) insisted on a two-month intake period. Chicago (Illinois) had a shorter intake period because it was a replacement local area and so it took longer to recruit and negotiate its participation in the study. It also requested a later start date to allow time to complete a reorganization already underway at the time. The remaining 26 local areas planned for an intake period of 12 months or longer. Chapter V describes the actual length of intake in the local areas in the study.

5. Measures to limit restricted-service groups' access to WIA services

A key design objective for the evaluation was to ensure a meaningful difference between the services received by participants in the full-WIA, core-and-intensive, and core groups. If customers in either of the restricted-service groups could access—either in the same local area or in a different one—services that were essentially the same as those they were not supposed to receive because of their study group assignments, this would reduce the validity of the impact estimates. Therefore, we worked with the local areas in the following ways to minimize inappropriate service receipt—referred to as crossover—both within the study local areas and between local areas:

Compliance procedures within participating local areas. The random assignment system prevented customers who were randomly assigned in one AJC from visiting another AJC in another local area in the study and being randomly assigned again. As discussed further in Chapter IV, before each customer was randomly assigned, the system determined whether the customer had previously been randomly assigned in any local area in the study. If it appeared that a customer had been randomly assigned already, the system would not randomly assign the customer again.

Because AJC staff routinely used their state or local management information system to record customer information, most local areas preferred to use these existing systems to check customers' study groups after they were randomly assigned. The evaluation team worked with information systems staff at the state or local levels to add study-specific fields to the management information systems, including (1) a customer's study participation status (ineligible for the study, eligible for the study but declined consent, or a study participant), (2) a customer's study group status, and (3) for customers in the restricted-service groups, the date at which the restriction ended (15 months after random assignment). Fourteen of the 19 states with participating local areas—covering 22 local areas in total—added study-related fields to their state management information systems, and three local areas added study-related fields to their local management information systems. Some states or local areas further adapted their systems to display visual cues on AJC staff members' computer screens (such as color-coding records of study participants or showing a banner indicating a customer's research status upon opening the customer's record) to clearly inform staff of the random assignment results. When modifying the management information system was not feasible, local areas found other ways to keep track of customers' research status. For example, one local area used an existing "notes" field in the management information system to keep track of customers' study status, and another used customers' hard-copy files.

Compliance procedures for nonparticipating local areas. During our information-gathering activities, local area staff were concerned that study participants who were assigned to one of the restricted-service groups might request services in a neighboring local area, either in the same state or a different one. Staff from the state departments overseeing the WIA Adult and Dislocated Worker programs informed all local area directors in the state about the study and sought the support of all state intake staff in honoring the service restrictions of the study participants. We encouraged states with participating local areas to inform neighboring states that they were participating in the study, and to ask those neighboring states not to serve customers residing in the study state. Chapter V discusses the success in restricting access to services outside the local area.

Receipt of services funded by other programs. All study participants, irrespective of their assigned study groups, were free to access employment services and training from other programs in the community. Indeed, as part of providing customers intensive services, program staff often referred customers to other programs in the community. While we did not encourage staff to inform customers in the core-and-intensive group about other sources of training, they were not prohibited from doing so. The follow-up surveys will document all employment services and training received by study participants, whether funded by the WIA Adult or Dislocated Worker programs or another program.

IV. WORKING WITH LOCAL AREAS TO IMPLEMENT STUDY PROCEDURES

After we recruited the local areas and tailored the broad outlines of the impact study to each local area's needs, the next steps in implementing the evaluation were to develop detailed random assignment procedures, train the local area staff to implement them, and then support and monitor the local areas' implementation of the study throughout the study period. In this chapter, we discuss the study procedures common to all local areas (Section A) and how these procedures were documented in procedures manuals tailored to each local area (Section B). Section C describes key features of the online random assignment system, and Section D describes how we trained local area staff members on study procedures. Section E discusses how the study team supported and monitored the local areas to ensure they were implementing the study procedures as intended.

A. Study procedures

The basic study procedures for all local areas consisted of seven steps, described next and outlined in Figure IV.1.

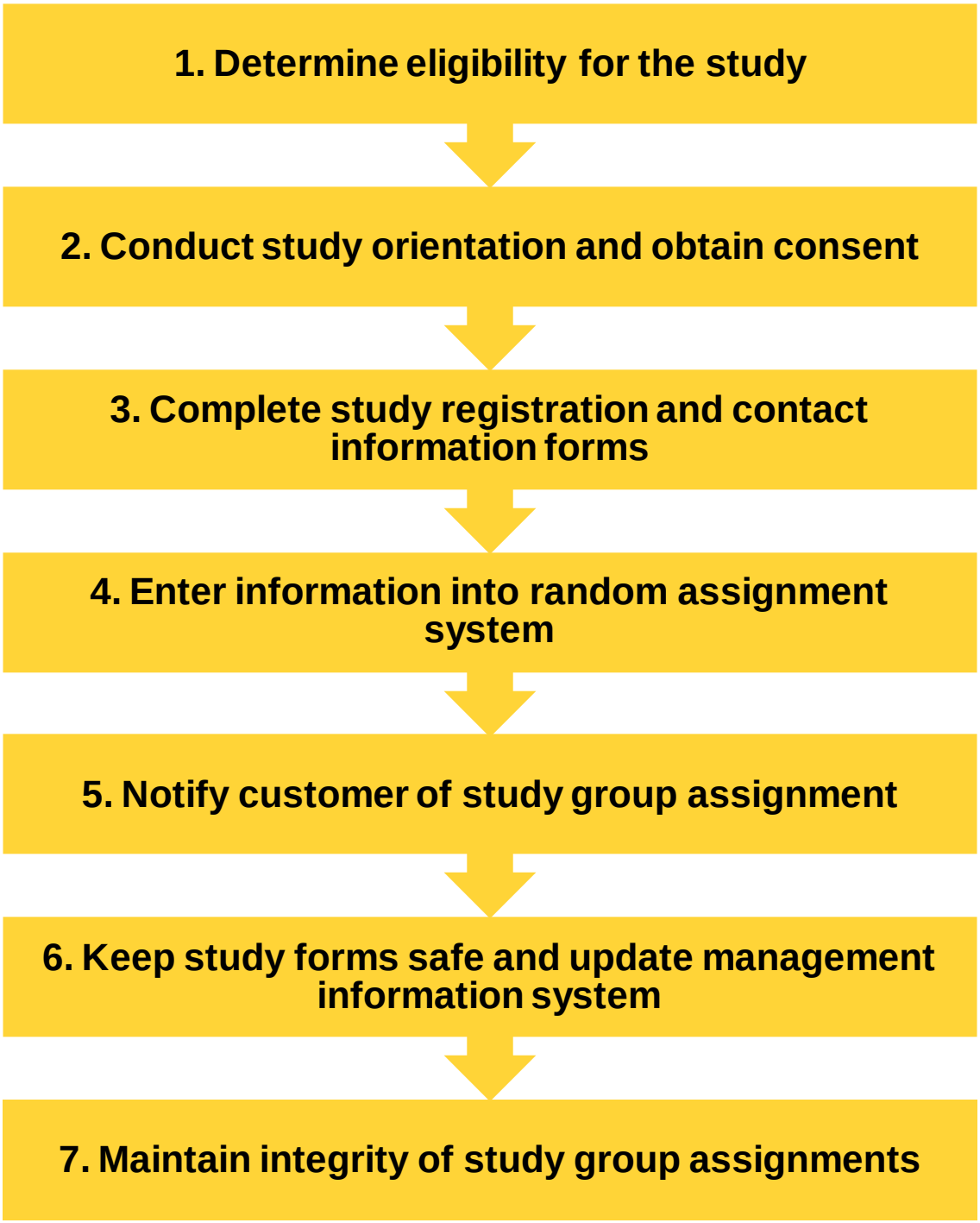
Step 1: Determine eligibility for the WIA Adult and/or Dislocated Worker program and the study. Typically, WIA intake staff were the first point of contact with customers interested in receiving intensive or training services through the WIA Adult and/or Dislocated Worker programs. During the study, intake staff determined customer eligibility for WIA intensive services just as they would have in the absence of the study. For WIA-eligible customers, they then determined customer eligibility for the study using a study eligibility checklist (Appendix C), which was customized for each local area. The checklists listed the studywide and the local area-specific customer groups exempted from random assignment (see Chapter III for details on exemptions). If a staff member determined that a customer was not eligible for the study, the remaining steps were not conducted. All completed checklists, including those of customers found ineligible for the study or who did not provide consent (step 2), were sent to Mathematica. Collecting all completed checklists allowed us to monitor and report on the number of customers who were found ineligible and refused consent to participate in the study.

Step 2: Conduct study orientation and obtain informed consent. Intake staff provided customers eligible for the study with an orientation; this ensured that customers understood that they might be assigned to a study group that could not receive training and/or intensive services for a 15-month embargo period. We provided program intake staff example scripts, talking points, and a question-and-answer document they could use to inform customers about the study and to answer questions. These materials were commonly used when intake staff met one-on-one with customers. We also developed a five-minute video that staff could play for customers; this was commonly used in local areas that performed group orientations.

After providing customers with an orientation to the study and answering their questions, intake staff asked customers to complete the study consent form (Appendix D). This form described the three study groups, discussed random assignment, and informed customers how they could later withdraw from the study if they so chose. The form explained that the customer's administrative records data would be provided by the AJC and other agencies and would

be used for research purposes only. It also explained that study-eligible customers who did not consent to participate in the study could not receive study-defined WIA intensive or training services for the rest of the study intake period, but they could receive core services. After reviewing the form, customers indicated their consent to participate in the study and signed it.

Figure IV.1. Seven steps of study procedures



Source: WIA Gold Standard Evaluation.

Step 3: Complete study registration and contact information forms. Customers who consented to participate in the study were asked to complete study registration and contact information forms (Appendix E). The study registration form collected demographic and employment history data for customers that will be used in the impact analysis. The form was available in eight languages—English, Spanish, Creole, Chinese, Korean, Russian, Vietnamese, and Polish—to accommodate customers with different primary languages (in practice, all but 25 of the forms were completed in English or Spanish).

The study registration form also contained a For Counselor Use Only section. In this section, staff members were asked to use their knowledge and experience to predict the likelihood that a customer would attend training and the likely type of training provider. If these predictions turn out to be accurate for the full-WIA group, then we will use them to identify customers in the restricted-service groups who likely would have received training if they had the opportunity, and the types of training providers they likely would have used. We will then use this information to estimate the impacts of receiving services, as opposed to being offered services, and impacts by type of provider.

The contact information form asked customers for the names and contact information (including address, telephone numbers, and email address) of three people who did not live with the customer. This information was collected to help locate customers for the study's follow-up survey interviews.

Customers in nearly all local areas completed these forms on their own, with staff reviewing them for completion. Staff in a few local areas (for example, Twin Districts [Mississippi]) administered the forms to customers by asking the questions aloud and filling in the answers that the customers provided. Doing so took additional time, but staff in these local areas felt strongly that this would be the most effective approach for correct and thorough completion of the forms.

Step 4: Enter information into the online random assignment system to assign customers to study groups. Upon completion of the study enrollment forms, intake staff checked that the customers had consented to the study and entered four items from the customer's study registration form into the online random assignment system: name, address, date of birth, and last four digits of the customer's social security number. The random assignment system (discussed further in Section C) was programmed to check that all required information was entered correctly and that the customer had not already been randomly assigned. If these checks were passed, staff clicked on the Randomly Assign Customer button, and the random assignment system randomly assigned the customer to one of the three study groups. The random assignment results were displayed on the screen.

Step 5: Notify customers of their study group assignment. After a customer was randomly assigned to a study group, the random assignment system automatically generated a personalized random assignment letter (Appendix F), specifying his or her study group assignment and, if the customer had been assigned to a restricted-service group, providing the list of services available within that study group. Staff from all local areas provided customers with this letter, either immediately after random assignment or later by mail.

Staff in most local areas also verbally notified customers of their study group assignments, either in person or by telephone. Typically, the intake staff told customers of their study group assignment immediately after the system generated the assignment. However, some local area managers felt that their more experienced and senior staff would be best suited to deliver the study group assignments, particularly because of concerns that customers assigned to the restricted-service groups would be upset upon learning that they could not receive the services they were seeking.

Step 6: Keep study forms safe and update the management information system. Staff mailed completed study forms in batches to Mathematica for data entry and quality control, frequently at first, then less often as study enrollment progressed. These forms consisted of cover sheets generated by the random assignment system that identified the customer, local area, and access point (Appendix G) followed by the study eligibility checklist, study consent form, study registration form, and contact information form. Because the forms contained sensitive personally identifiable information, liaisons instructed local area managers to store them in locked filing cabinets until it was time to send a batch via FedEx envelopes provided by Mathematica.

As mentioned in Chapter III, we also worked with state and local staff to add study-related fields into their management information systems so that staff could check customers' study groups before providing WIA services. Therefore, it was important that intake staff entered the study-related customer information into their management information systems before storing and sending customers' study forms to Mathematica.

Step 7: Maintain integrity of study group assignments. Local areas needed to ensure that customers were only able to receive services commensurate with their study group assignments for 15 months after their random assignment date. In practice, this meant that intake staff had to check each customer's study group assignment, either in the management information system or the random assignment system, each time a customer requested an intensive or training service from the time random assignment began in the local area until 15 months after the *last* customer was randomly assigned. If staff performed this check and found that customers were already enrolled in the study, they again advised the customers of the services they were allowed to receive, based on their study group assignment. Staff also could reprint the letter with the study group assignment and the list of approved services from step 5.

For the small number of nonconsenters, local areas needed to ensure that customers who declined to participate in the study were only able to receive core services for the duration of the study intake period. No information could be entered into the random assignment system for customers who had not consented to participate in the study. However, staff were instructed not to provide intensive services to any customer who had not been randomly assigned. If a customer who had not consented to the study went to a different AJC or intake staff member and asked for intensive services, intake staff would check the random assignment system and, if the customer was not found in the system, would again ask the customer to consent to the study. If the customer again declined to participate in the study, he would be told he could access only core services until the study intake period had elapsed.

B. Customized manuals

We developed a template procedures manual documenting the random assignment steps; liaisons used this template to tailor the manual for each local area. The manual for each local area differed depending on how random assignment would be inserted in the intake procedures, the customers who would be exempted from random assignment, whether the study orientation was conducted in a group or individually, whether the forms were completed online or in person, and which of the local area's services could be received by members of the core and core-and-intensive groups. The manuals were also customized to reflect how the local area referred to specific staff roles and activities. In each local area, we provided the customized procedures manual to all staff members who would need to conduct, or be familiar with, the study's procedures. These staff members used the customized procedures manuals as an ongoing reference guide on all aspects of study implementation.

We strove to make the study procedures as straightforward as possible for staff to implement. The manuals were grouped into numbered tabs to facilitate navigation and included:

- **Study overview.** This introductory section provided staff with an overview of the evaluation.
- **Step-by-step implementation instructions for the seven key random assignment steps.** Each step was broken down into substeps, with a thorough description of each provided. For example, the first step—determine study eligibility—had three substeps: (1) setting up an initial intake appointment with customers, (2) determining eligibility and need for intensive services (WIA eligibility), and (3) completing the study eligibility checklist.
- **Copies of forms.** Each relevant section of the manual included scanned copies of the customized study forms—the study eligibility checklist, consent form, study registration form, and contact information form—for staff reference. We also provided line-by-line instructions for filling out the forms.
- **Scripts for speaking with customers.** We produced scripts for staff to use in communicating with customers about the study. For example, the manuals contained a script that staff could read word-for-word to conduct the study orientation. There were also scripts for introducing the study-related forms and notifying customers of their group assignments. Because some staff preferred to convey the key points in their own style rather than directly read a script, we produced bulleted lists of the key points for staff to adapt as they wished.
- **Question-and-answer document.** The manuals contained a document of common customer questions and detailed answers to help staff respond.
- **Instructions for using the random assignment system.** The manual contained step-by-step instructions, including screenshots, for using the random assignment system. This included how to log into the system, begin a new customer record, enter information from the study registration form, and randomly assign customers. It also included information on how to troubleshoot errors (such as duplicate entries) and close cases.
- **Counselor enrollment reference guide.** Early feedback from some local areas indicated that the procedures manual was long and might be cumbersome for some staff to navigate. Therefore, we created a generic counselor enrollment reference guide, which was an

abbreviated version of the procedures manual. Liaisons who thought their local areas would find this abbreviated guide useful customized it and included it in the back pocket of the procedures manual.

- **Security procedures.** The manuals documented the importance of maintaining the confidentiality of customers' personal information and described approaches for physically and electronically securing and transmitting this information.
- **Additional study resources.** The final section of the manual contained information for additional study resources, including the liaison's personal contact information, the customer helpline, the counselor helpline, and the Community of Practice website. We discuss these further below.

We also created special sections of the manual for supervisors. These sections provided more detail about wild cards, data security, and how to store and send the study forms to Mathematica.

We developed a customized procedures manual for each local area. However, some local areas required that we develop parallel sections or a second manual. This was necessary in local areas that had distinctly different procedures in some AJCs (such as when there were two or more distinct service providers). For example, in New York City, separate manuals were created for the two main AJC partners—the New York State DOL and the New York City Department of Small Business Services—to reflect differences in their typical intake procedures and sequence of customer services.

C. Random assignment system

The random assignment system served a variety of functions for the evaluation. Most important, it was the primary method WIA intake staff used to enroll customers in the study and conduct random assignment. After staff members entered a few identifying pieces of information for each customer and clicked a button on the screen, the random assignment system returned results within seconds, using a preprogrammed random assignment algorithm. Intake staff could also use the random assignment system to check the study status of each customer seeking WIA services—during both the sample intake period and the 15-month embargo period—to ensure that core and core-and-intensive customers did not receive services for which they were not eligible. In addition, the random assignment system contained features that helped evaluation and local area staff members monitor the flow of customers into the study (described further in the next section).

The key features of the random assignment system were:

- **Easy for local areas to use.** The web-based interface was user-friendly and did not require local areas to install software that might not be compatible with their existing hardware.
- **Required minimal data entry.** When enrolling customers in the study, staff only needed to enter data into a few data fields before randomly assigning the customers, and the system pre-filled information such as local area name, AJC name, and staff name based on the user's login information.

- **Ensured data quality.** The system performed checks to ensure quality data entry to the extent possible. It checked that state and zip code were compatible, implausible birth dates and social security numbers had not been entered, and the birth date did not suggest that a customer was under age 18 (because those under age 18 were not eligible for the study).
- **Ensured customers were not already enrolled in the study.** To prevent staff from accidentally enrolling the same customer twice, the system compared information from the fields necessary for random assignment to corresponding information for customers already enrolled in the random assignment system. When the system identified customers who were potentially already in the study, liaisons were notified and random assignment could not be conducted. Liaisons followed up with the local areas to determine whether the customers really had already been entered into the system or only appeared to have been because of a data entry error. For example, a customer may have appeared to have the same social security number of someone already in the study if the social security number had been entered incorrectly.
- **Protected access to personally identifiable information.** We established different levels of access rights for users so that, for example, staff in a local area could not access information for customers in other local areas. In addition, the system automatically logged users off after 45 minutes of inactivity and restricted post-random assignment data entry to the study team.
- **Customer search features and reports.** The system contained several easy-to-use search functions that local area staff members or the study team could use to look up customers' study group assignments, embargo period end dates, and other information. It also could generate reports that local areas and the study team could use to monitor the random assignment process, including the rate of enrollment into the study.
- **Random assignment algorithm.** The algorithm ensured no single AJC in a local area would have four customers consecutively randomly assigned to one of the restricted-service groups.
- **Integrity and security.** We used secure websites and encryption technology to ensure that data were securely transmitted over the Internet and securely stored on the random assignment system database behind Mathematica's secure network firewall. Access to the random assignment system by Mathematica staff was on a need-to-know basis.

Appendix H provides more details on the random assignment system.

D. Training

Liaisons conducted in-person, one-day training sessions on the study's procedures with designated staff in all participating local areas, typically about two to three weeks before the start of random assignment. The goals of the training were to introduce the study procedures to staff, familiarize them with the procedures manual, have them practice the procedures using the study-provided materials, and impress upon them the importance of safeguarding customers' personally identifiable information. The training culminated in a practice session during which staff simulated the study enrollment process from start to finish.

Before the training, we asked the local area staff to view a short recorded webinar that provided an overview of the study. This webinar enabled us to more efficiently train the staff because we did not need to spend as much time discussing the goals and major features of the study during the training.

We designed a PowerPoint presentation to guide the training. Like the procedures manuals, the presentation was customized for each local area by liaisons, as appropriate. Each presentation emphasized the seven key steps in the study procedures and their associated substeps and allowed plenty of time for staff questions. All slides contained page references corresponding to the relevant pages in the procedures manual and the counselor enrollment reference guide. Therefore, staff had up to three different sources to consult for information about study procedures: the training presentation, procedures manual, and counselor enrollment reference guide.

During the training session, staff practiced each step using structured activities led by liaisons. For example, liaisons presented four scenarios describing potential study enrollees, and intake staff completed a practice study eligibility checklist for each. The liaison facilitated a discussion of each scenario and corrected any misconceptions about eligibility requirements.

In addition to the activity on study eligibility, staff practiced delivering the study orientation, introducing the study forms, and notifying customers of their study group assignments. These practice sessions typically were conducted in pairs or small groups, with the liaison circulating the room to answer questions and provide advice. At the end of the training session, local area staff practiced study enrollment from beginning to end with another staff person acting as the customer.

Staff also participated in a hands-on practice session using the online random assignment system. A special website was set up for training purposes, and it functioned identically to the actual random assignment system website. We gave staff a packet of information on hypothetical customers, which they used on the training website to practice the random assignment process step by step. The practice session also included activities designed to introduce staff to situations they might encounter (such as not being able to randomly assign a customer because a customer with the same social security number was already in the system) and ways to troubleshoot them.

Because staff would have access to customers' personally identifiable information, the training included a module on how to implement the study procedures while safeguarding customers' information. Most prominently, this included locking study forms in secured filing cabinets until they could be securely mailed to Mathematica via FedEx with a tracking number. It also included procedures for safe electronic transfer of customer information via a secure file transfer site and cautions against leaving the random assignment system open on the computer screen where others could see it, or printing personally identifiable information from the random assignment system and leaving it in an unsecured location. At the end of training, all attendees signed a form indicating that they had received training on how to properly handle customers' personally identifiable information. Liaisons reminded staff of security procedures during regularly scheduled meetings or written communications throughout the study period.

Local area managers identified the appropriate staff to be trained on the study procedures. The training sessions typically included intake staff, local area administrators, and other staff (such as WIA counselors). The number of staff trained in local areas ranged from about 15 staff in Muskegon (Michigan) to about 135 staff in Gulf Coast (Texas). For very large local areas, we added training sessions so that no session contained more than about 30 staff. In addition, when necessary, liaisons visited AJCs in the local area to provide general study information to staff (such as case managers who worked with WIA customers after random assignment and partner staff) who would not need to be fully trained on study procedures but who had to have some knowledge of the study.

During the two to three weeks between the on-site training and the beginning of random assignment, liaisons finalized study procedures. As needed, they revised the training manual in response to new items that might have arisen during training and summarized any changes in a memo to staff in the local area. Before the start of random assignment, we also encouraged local area staff to practice study enrollment using the random assignment system training website.

Intake or other staff members who started work after the initial training on study procedures were provided a copy of the customized procedures manual. Liaisons typically trained these new staff via webinar. In some cases, however, staff in the local areas felt comfortable enough with the study procedures to train their new staff themselves.

E. Monitoring random assignment

Correct implementation of the study's procedures was critical to the success of the impact evaluation. To support local areas' implementation of the study procedures, liaisons conducted in-person monitoring visits shortly after the start of random assignment and follow-up telephone calls throughout the intake period. Through these visits and telephone calls, liaisons could quickly identify and correct any problems the local area staff had implementing the study procedures. In addition, the evaluation team monitored enrollment across the local areas and performed data checks against WIASRD records to ensure that all eligible customers were being enrolled in the study. Finally, we worked closely with local areas to ensure the confidentiality of customers' personal information.

1. Monitoring visits and telephone calls

The study liaison conducted a monitoring visit to several AJCs in each participating local area within one or two months after the study intake period began. At each AJC, the study liaison observed one or more intake appointments with customers to determine firsthand how well the study procedures were being implemented. The liaisons also talked to the intake staff and AJC managers and conducted focus groups with staff about the study procedures, including how the customers were notified about the study, how the consent and random assignment process was implemented, and what staff members did to ensure that customers only received services aligned with their assigned study group. They also probed whether any of the study procedures were putting an undue burden on the staff or not working as anticipated.

During the monitoring visit, the study liaison reviewed a random sample of customer case files within key customer categories to ensure that customers exempted from the study met the exemption criteria (for example, that they had a copy of a TAA certification letter in their file if

they were exempted as a TAA participant); to determine whether the services that the customer was receiving were consistent with the customer's study group assignment (for example, that those in the core group did not receive WIA funding for training); and to determine whether study-related customer information in the state or local management information system or hard-copy records was accurate and up-to-date.

After the monitoring visits, liaisons gave feedback to the local area staff and worked with them to resolve any issues discovered during the visits. In general, liaisons found that staff in participating local areas were adhering to the study procedures and reacting positively to the study. However, during the visits, liaisons identified and documented issues they observed related to study procedures. They also sent a written summary of the issues and solutions to local area staff. Examples of issues identified and corrected through the monitoring visits included staff members not completing all the questions on the study eligibility forms or not filling out the forms correctly, inadequate explanation of the study to customers, and improper storage of study documents in unsecured locations. In addition, the liaisons met regularly as a group to identify common problems across local areas and to strategize how to address them.

Liaisons held regular telephone calls and communicated via email with key staff at the local areas throughout the study intake period. The frequency of these calls varied across local areas, but typically started off weekly or biweekly as the study was getting under way and decreased in frequency as the intake period progressed. During these meetings, liaisons fielded any questions that had arisen and reiterated study procedures. Liaisons were also available by telephone and email, as needed, throughout the study intake period.

2. Additional support for random assignment

We operated two helplines and a website to support local areas' implementation of study procedures:

- **Customer helpline.** This helpline, which we developed at the request of some participating local areas, was a resource to address customers' concerns about the study, including disappointment at having been randomly assigned to one of the restricted-service groups. It was staffed Monday through Friday, 9:00 a.m. Eastern time through 5:00 p.m. Pacific time. The customer helpline was open from the first day of random assignment through the end of the 15-month embargo period of the last person who was randomly assigned. Over that time, the hotline staff received approximately 600 calls. Over half of them were from members of the full-WIA group; these customers tended to ask questions about next steps and accessing training funds and were largely directed to call their AJC. About 120 of the calls were from restricted-service group members; about 60 percent of them were upset about not receiving training funds, and the rest were confused about the study or asked questions unrelated to the study. The remaining callers either had not been randomly assigned and were seeking additional information about the study or did not know their study group. The majority of callers reported being satisfied with the answers provided by helpline staff, though a few cases were escalated to study team leadership.
- **Staff helpline.** Staff could call the staff helpline with any questions about the study, and it served as a back-up resource when the liaison was unavailable. Liaisons were notified if staff from their local area called the helpline so they could conduct additional follow-up.

The helpline was staffed Monday through Friday, 9:00 a.m. Eastern time through 5:00 p.m. Pacific time, throughout the study intake period and for most of the embargo period. Over this period the staff helpline received 258 inquiries. About 72 percent of the calls were from local area staff who were experiencing problems accessing or using the random assignment system. This included resetting login information, creating new passwords and accounts, instructing staff on how to print the random assignment letter and cover sheet, and editing information that had been entered incorrectly into the random assignment system. The remaining calls were about the study procedures or requesting additional study forms, and five were seeking assistance handling an upset customer.

- **Study website.** A Community of Practice website, established to share information about the study among participating local areas, also contained electronic copies of each local area's customized study procedures manual and forms and other information about the study. We found that the Community of Practice website was rarely used by participating local areas.

3. Monitoring enrollment and withdrawals from the study

We generated regular enrollment and withdrawal reports from the random assignment system. These reports were used to monitor the following:

- **Enrollment.** Each local area had a target for the number of customers who were to be assigned to the restricted-service groups. We monitored the number of customers assigned to these groups each month. As discussed further in Chapter V, if the rate at which customers were enrolling in the study differed from what we had expected, we adjusted the probability of assignment to the restricted-service groups. For example, if the number of customers assigned to the restricted-service groups at a given point in the intake process was lower than we had expected—which could threaten the local area's ability to meet its target number of customers in each group—we increased the probability of assignment to the groups.
- **Withdrawals.** Customers could be removed from the study if (1) they were found to be ineligible after random assignment (for example, if they became TAA-certified after they had already been randomly assigned), or (2) they revoked their consent to participate in the study. Customers found ineligible for the study could receive any service they were eligible for in the absence of the study. Although we no longer collected data on the customers who revoked their consent, these customers were still restricted to the services allowed by their study group for 15 months after random assignment. We monitored withdrawals to ensure that intake staff were withdrawing customers appropriately.

4. Monitoring service receipt through WIASRD extracts

The WIASRD contains information on services received for each WIA participant as well as customers of other workforce programs. In addition, for those local areas and states that modified their management information systems for the study, WIASRD contains flags for study eligibility and study group assignment. We obtained quarterly WIASRD extracts from 18 of the 19 states with local areas participating in the evaluation; we obtained data directly from the two local areas in California participating in the study. We matched WIASRD records to the records from the random assignment system using social security number, name, address, and date of

birth. Using these merged data, we checked three items related to maintaining good study procedures; when we identified problems, we followed up with the local areas to verify the information and to determine whether additional training was needed to ensure that the study procedures were followed correctly. The three checks were:

1. **Customers marked ineligible for the study in the WIASRD were also marked as ineligible in the random assignment system and the study eligibility checklist.** This check was to make sure that local areas were not subverting the random assignment process by simply marking customers as ineligible for the study and offering them services. Upon follow-up, there was no indication that local areas were intentionally subverting the study procedures; rather, instances where WIASRD and study information did not align were those in which the customer was receiving state-funded services or services funded through another program (such as a National Emergency Grant), and, therefore, the customer was not eligible for the study.
2. **Study groups matched in the random assignment system and WIASRD.** Some local areas preferred to check their own management information systems, rather than the random assignment system, to verify customers' study group assignments. Therefore, it was important to ensure that the study group assignment entered in the management information system was consistent with the random assignment system. The majority of follow-up for this issue consisted of correcting data entry errors.
3. **Services study participants received were consistent with their study group assignments.** This crucial check was designed to ensure that study participants received only the services they were supposed to receive as part of the study and did not receive services disallowed by their study group assignment. For example, one early check revealed that, in one local area, two core-and-intensive group members had received training, according to WIASRD. Upon follow-up with the local area, it was determined that one of the customers had received a training that was not funded by an ITA and was considered a core service, even though it appeared as a training service in WIASRD. The other customer had received an employer-referred on-the-job training, so the customer should have been marked as ineligible for the study. Overall, we identified only a few instances in which customers were receiving services inconsistent with their study group assignments (as discussed in Chapter V).

We performed quarterly monitoring throughout the study period, with the last extracts received in August 2013. The quarterly extracts included data only on the services received in the study local areas. The final extracts included statewide data on services in the 19 states with study local areas.

5. Protecting the security of customers' personal information

Protecting the security of customers' personal information was of critical importance to the evaluation team. As described above, all local area staff involved in the study were trained on security issues as part of their training on random assignment procedures. The study manual included a section on protecting customers' personal information. Liaisons reinforced study procedures around data security through calls and emails.

Despite these precautions, there were nine instances in which personal information was emailed unsecurely by staff in a participating local area to a liaison or other study team member. In four of those cases, staff emailed one customer's full name and social security number; in the five other cases, staff emailed an unencrypted file containing personal information for multiple customers.

Each time a security breach happened, we immediately informed ETA and followed up with the staff member responsible for the breach to reiterate the study procedures for protecting customers' personally identifiable information. Liaisons permanently deleted the email from their inboxes and gave the staff member at the local area instructions on how to permanently delete the email from their sent mail file. After each incident, the study team circulated an email to staff in all participating local areas to remind them of the study's data security procedures. The study director and an ETA senior staff member also followed up with the directors of all local areas in the study reiterating the importance of protecting customers' personally identifiable information.

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V. EXECUTING RANDOM ASSIGNMENT

After we trained staff in the local areas to implement the study procedures, the study intake period was launched and customer random assignment began. We asked local area staff to randomly assign all customers who were found eligible for intensive services, were eligible for the study, and consented to participate in the study. Although we provided support to local area staff and monitored the process of random assignment closely, the local area staff members had responsibility for randomly assigning customers into the three study groups and ensuring that customers were offered services appropriate for their study group.

This chapter describes how the study enrollment occurred, with a focus on documenting events that might threaten the validity and generalizability of the study's findings. We begin by discussing the study intake period (Section A). Section B discusses the exemptions from random assignment and the customers who did not consent to participate in the study. Section C discusses the enrollment targets and the rate of assignment to the restricted-service groups in each local area. Section D discusses attrition— the extent to which customers who were randomly assigned later left the study—and Section E discusses crossovers, or customers who received services that were not allowed by their study groups. Finally, we examine the extent to which customers in the three study groups were similar before random assignment, using baseline data on customers collected from the study registration forms (Section F).

A. The study intake period

As we discussed in Chapter III, we aimed for study intake periods in each local area that lasted between 12 and 18 months. We gave each local area a target for the *number* of customers to be assigned to the core and the core-and-intensive groups. Given the local area's preference for the length of the study intake period, the expected flow of customers to be randomly assigned, and the target number of customers in the restricted-service groups, we set a rate of assignment to the restricted-service groups. As we discuss in Section C, we altered the rate of assignment so that the local area would meet its target within the study intake period agreed upon with the local area. Random assignment ended in each local area when the local area met its targets for the number of customers assigned to each restricted-service group.

Local areas began random assignment at different times. Mostly, the local areas began random assignment as soon as the procedures were agreed upon, the subcontracts were signed, and the staff members were trained. Some local areas had preferences about when to begin—for instance, to avoid starting random assignment around Thanksgiving or Christmas—and one local area wanted to complete an organizational restructuring before beginning random assignment. The first local area began random assignment in November 2011, and the last began random assignment in August 2012.

Random assignment lasted for one year or longer in 19 of the 28 local areas in the study, with the median local area enrolling customers for about 13 months (Table V.1). As we discussed in Chapter III, two local areas—Chicago (Illinois) and First Coast (Florida)—had notably shorter intake periods than the others. Chicago (Illinois) began random assignment much later than other local areas because it was a replacement local area, and its intake period was short because extending its end date would have led to undesirable delays in study data

collection and reporting. First Coast (Florida) negotiated for a much shorter intake period as a condition of participating in the study. The last customer was enrolled into the study and randomly assigned on April 8, 2013.

Table V.1. Study intake periods across participating local areas

Local area	Start date	End date	Duration (months)
Atlanta Region (Georgia)	11/4/2011	10/5/2012	11.0
Capital Region (New York)	1/23/2012	1/15/2013	11.8
Central Pennsylvania	11/1/2011	1/29/2013	15.0
Central Region (Missouri)	2/3/2012	4/2/2013	13.9
Chautauqua County (New York)	2/2/2012	1/29/2013	11.9
Chicago (Illinois)	8/6/2012	3/27/2013	7.7
East Tennessee	2/2/2012	4/4/2013	14.0
Essex County (New Jersey)	1/30/2012	1/30/2013	12.0
First Coast (Florida)	1/18/2012	3/22/2012	2.1
Fresno County (California)	11/2/2011	1/4/2013	14.1
Gulf Coast (Texas)	12/7/2011	2/7/2013	14.1
Indianapolis (Indiana)	5/21/2012	4/8/2013	10.6
Louisville (Kentucky)	12/8/2011	2/7/2013	14.0
Lower Savannah (South Carolina)	1/3/2012	3/27/2013	14.8
Muskegon (Michigan)	1/12/2012	4/2/2013	14.7
New Orleans (Louisiana)	2/6/2012	3/1/2013	12.8
New York City	2/23/2012	2/12/2013	11.7
North Central Texas	11/8/2011	3/7/2013	15.9
Northwest Pennsylvania	11/2/2011	3/1/2013	15.9
Sacramento (California)	2/1/2012	4/5/2013	14.1
Santee-Lynches (South Carolina)	4/9/2012	4/4/2013	11.8
Seattle-King County (Washington)	1/24/2012	2/27/2013	13.2
South Dakota	11/28/2011	12/17/2012	12.7
South Plains (Texas)	2/10/2012	2/27/2013	12.6
Southeast Michigan	12/19/2011	3/18/2013	15.0
Southwest Corner Pennsylvania	1/25/2012	4/4/2013	14.3
Twin Districts (Mississippi)	11/1/2011	11/7/2012	12.2
Waukesha-Ozaukee-Washington Workforce Counties (Wisconsin)	3/1/2012	2/18/2013	11.6

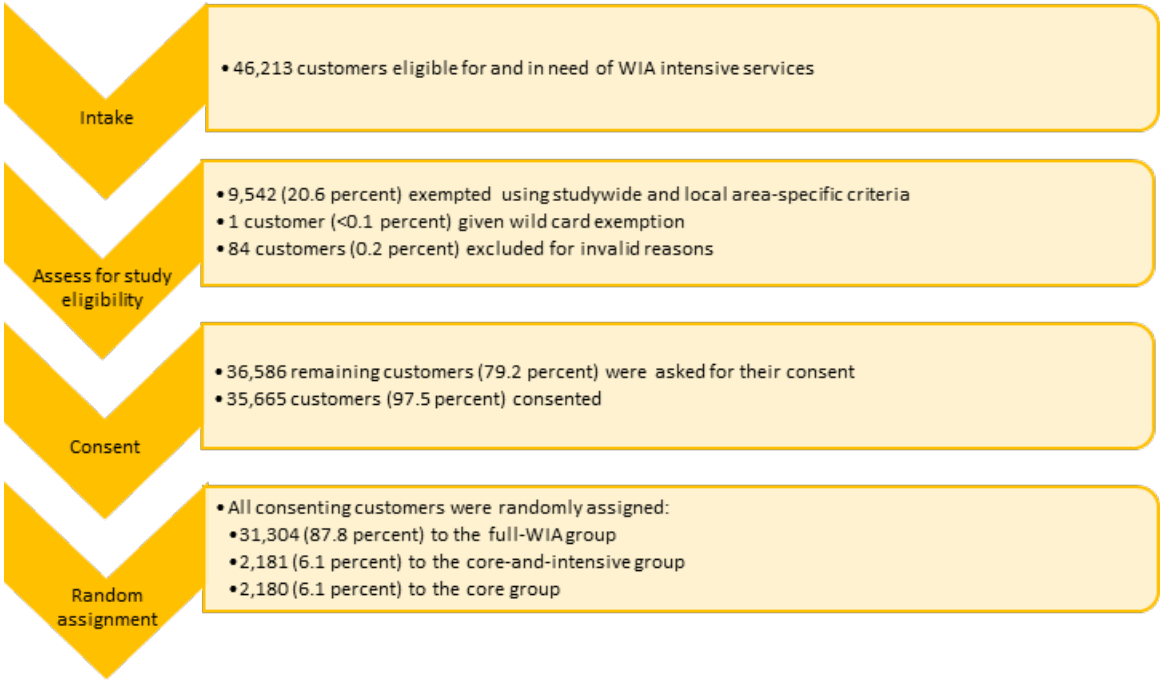
Source: WIA Gold Standard Evaluation's random assignment system database.

B. Study exemptions and nonconsenters

The study required that staff screen all eligible customers, exempt only those in pre-approved groups, ask each customer to consent to participate in the study, and randomly assign all eligible and consenting customers. Across all local areas, staff screened for study eligibility 46,213 customers who were eligible for and in need of formula-funded intensive services through the WIA Adult or Dislocated Worker programs (Figure V.1). For each of these customers, local area staff completed a study eligibility checklist that indicated whether the customer (1) was eligible to participate in the study, and (2) had consented to participate.

Of those customers screened for study eligibility, 9,542 customers (20.6 percent) were excluded from the study because they met studywide or local area-specific exemption criteria (see Chapter III for a discussion of these criteria) and hence were not eligible for the study. The customers found ineligible for the study were not informed about the study, not asked to consent, and not randomly assigned.

Figure V.1. Number of customers at each stage of study intake



Source: WIA Gold Standard Evaluation's random assignment system database, study eligibility checklists, and consent forms.

At the request of local area staff, we granted one wild card exemption. The local area staff viewed this customer as not having sufficient cognitive ability to understand what it meant to participate in the study.

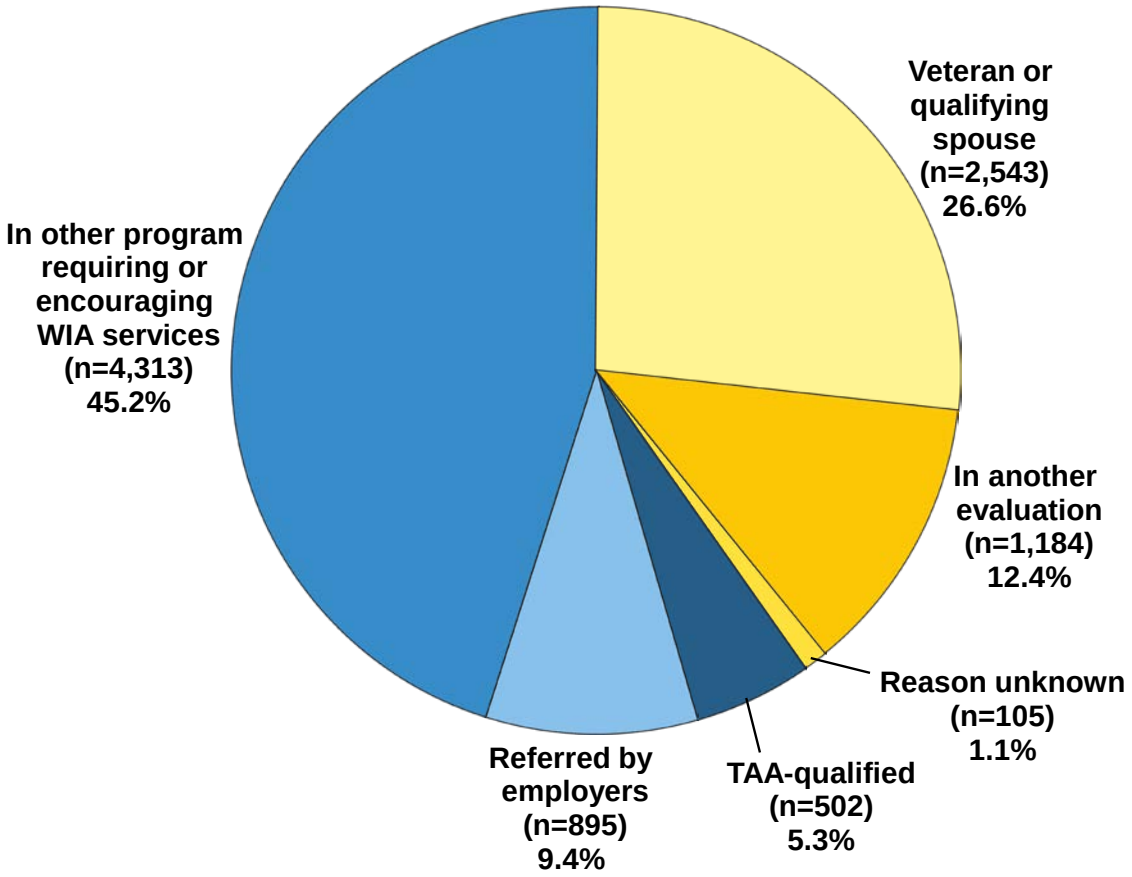
Only 84 of those customers screened for study eligibility were exempted from the study for invalid reasons; the invalid reasons typically related to intake staff not correctly understanding the approved study exemptions. For instance, one customer who was exempted because she was receiving SNAP benefits should not have been exempted, because she was not participating in SNAP E&T.

All 36,586 customers who were found eligible for the study were asked to consent to participate in the evaluation. Over 97 percent of those asked provided their consent. All consenting customers completed a study registration form and a contact information form and were then randomly assigned to the full-WIA, core-and-intensive, or core group. Those who did not consent did not complete any study forms and were informed that they could receive only core services for the duration of the study intake period in their local area.

In total, 77.2 percent of the customers determined to be eligible for and in need of intensive services were determined eligible for the study, consented to participate, and were randomly assigned. All but two local areas (Twin Districts [Mississippi] and Northwest Pennsylvania) randomly assigned more than two-thirds of the customers assessed for study eligibility. See Appendix I, Table I.1 for rate of exemptions and nonconsent by local area.

We classified the reasons that the 9,542 customers were ineligible for the study into seven categories that included statewide and local area-specific exemptions: (1) veterans or covered spouses, (2) TAA-eligible customers, (3) customers referred by an employer, (4) participants of programs (other than TAA) that encouraged or required WIA intensive and/or training services, (5) customers participating in another study, (6) wild cards, and (7) customers exempt for a reason that was not clearly stated on the eligibility checklist (Figure V.2). Some customers may have been excluded from the study for multiple reasons. These individuals were categorized as excluded due to the reason appearing first in the above list; for example, someone who was mandated to receive services through TAA and was also participating in another study would be classified as exempt because she or he was TAA-eligible.

Figure V.2. Valid reasons for exemption from the study



Source: WIA Gold Standard Evaluation's random assignment system database and study eligibility checklists.

Note: N= 9,542. This figure does not include the one individual excluded as a wild card or the 84 individuals excluded from the study by local areas for invalid reasons.

The largest exempted group contained 4,313 customers (45.2 percent of all valid exemptions) enrolled in a program either requiring that participants receive WIA intensive services or training or encouraging participants to do so. Most of these individuals (3,838 customers) had been profiled as likely to exhaust unemployment insurance benefits through Worker Profiling and Reemployment Services. The next largest group of exempted customers included 2,543 veterans or qualifying spouses, representing 26.7 percent of all legitimately excluded customers. There were 1,184 customers (12.4 percent of all valid exemptions) involved in another evaluation at the time of random assignment. Most customers in this category were served by the Indianapolis (Indiana) or New York City local areas, both of which were participating in the REA Initiative Evaluation. Another 9.4 percent of the exempted individuals were excluded as they were referred by employers and 5.3 percent were TAA-eligible. Finally, 105 individuals (1.1 percent of all valid exemptions) were exempted for other valid reasons.

C. The study's enrollment targets

The design called for the random assignment of about 2,000 WIA Adult or Dislocated Worker program customers to the core group and about 2,000 customers to the core-and-intensive group across all participating local areas. Sampling rates to the restricted-service groups were set low in each local area so as not to change program operations and to be more acceptable to the local area staff. The rates were set lower in larger local areas than in smaller ones to ensure that the total restricted-service group would not consist mainly of customers from the largest local areas; nonetheless, larger local areas typically contributed more restricted-service group members than smaller areas.

Because we were concerned that some local areas would not meet their enrollment targets, we set each local area's target slightly above the minimum required to reach the combined studywide target of 2,000. If every local area had met its target, there would have been 2,103 customers in each restricted-service group.

We set initial rates of assignment to the restricted-service groups using information on expected customer enrollment levels, the desired length of the study intake period, and the target number of customers in each restricted-service group. The expected enrollment levels were determined based on historic WIASRD records on counts of customers who received WIA intensive services between April 2006 and March 2008. As an example, consider a local area that preferred a 15-month intake period and, based on historic WIASRD records, could expect to enroll 500 customers eligible for and in need of intensive services over that time. If the target number of customers in the study for that local area was 50 in each restricted-service group, the random assignment rate would initially have been set at 10 percent for each group.

In many local areas, our predictions of the number of customers eligible for the study during the study intake period differed from the actual number of customers who were enrolled. The following four factors resulted in differences between our predictions and the actual enrollments:

1. **Changes in economic and funding conditions, leading to changes in demand for WIA Adult and Dislocated Worker program services.** Our estimated assignment rates were based on enrollments between April 2006 and March 2008. However, the economic conditions and funding availability in the study intake period differed from those between

2006 and 2008 in most local areas, and this likely affected the number of customers who requested services from the WIA Adult and Dislocated Worker programs in each local area.

2. **Differences across local areas in the definition of intensive services.** We based our estimates of the number of customers who would be served during the study intake period on the number of customers reported in WIASRD to have received intensive services in each local area between April 2006 and March 2008. However, as we discussed in Chapter III, some local areas categorized services as intensive even though the study categorized them as core and vice versa; other local areas changed their definition of intensive services over time. Also, local areas varied in the criteria used to register customers in WIASRD. Some registered nearly all customers who entered an AJC; others registered customers only after they had received more substantial services.

3. **Unknown number of exemptions.** It was difficult to predict, based on studywide and local area-specific exemption criteria, the number of customers in a particular local area who would be exempted from the study. In some local areas, the number of exemptions differed significantly from the number we expected.

4. **Idiosyncratic events in the local areas.** In some local areas, enrollment slowed down because of changes in AJC operators or changes in the availability of funds.

We carefully monitored sample buildup in the restricted-service groups in each local area. Each week, for each local area, we compared the number of customers enrolled in each restricted-service group with the number of customers we expected to be in the group. If our initial estimate of the number of study-eligible customers served by a local area was too high, the enrollment into the restricted-service groups proceeded slower than we had anticipated, which threatened the local area's ability to meet its enrollment targets over the specified intake period. Likewise, if the study team underestimated the number of study-eligible customers, enrollment proceeded faster than anticipated, and the local area was in danger of meeting its enrollment targets before the intended intake period had elapsed.

When enrollment appeared to proceed slower or faster than anticipated, we first contacted the local area to ascertain whether the deviation from our expectations was temporary or long-term. If the deviation was expected to be temporary, we did nothing immediately but continued to monitor enrollment closely. However, if study enrollment was expected to proceed at the unanticipated rate for a longer-term reason, we adjusted the rate of random assignment to the restricted-service groups, so that the local area could meet its enrollment targets over the specified intake period. That is, if study enrollment was proceeding too slowly to meet targets for the restricted-service groups at that rate, we increased the restricted-service group assignment rate. We lowered the rate if we needed to slow progress toward the targets. We also changed each restricted-service group assignment rate during periods when a local area did not have funds available to allocate to training. In these instances, the difference between the restricted-service and full-WIA groups would be less meaningful, because lack of funding would mean those in the full-WIA group would be less likely to be able to access training.

During the study intake period, we adjusted the rate of random assignment at least once in every local area. Table V.2 lists the initial, final, minimum, maximum, and average rates of assignment to the restricted-service groups, as well as the number of changes in the assignment rates for each participating local area. Random assignment in Santee-Lynches (South Carolina)

provides an example of how random assignment rates were changed over time. The rate at which customers were randomly assigned to the restricted-service group started at 36 percent in April 2012 (18 percent to the core group and 18 percent to the core-and-intensive group). After discovering that enrollment was higher than anticipated, we decreased the rate of assignment to the restricted-service groups to 8 percent after a little more than two weeks, and then again to 6 percent in late May 2012. Later, when enrollment slowed down, we increased the rate to 16 percent in June 2012, to 30 percent in August 2012, and finally to 50 percent in February 2013 to hasten progress toward the restricted-service groups' enrollment targets before the end of the intake period.

For each local area, we adjusted the rate of random assignment to the restricted-service groups between one and seven times. In two local areas, we adjusted the random assignment rate only once; and in three local areas, we adjusted it six or seven times. For some local areas, these adjustments were minor. For example, the maximum and minimum random assignment rates in New York City varied by only three percentage points. In contrast, the maximum and minimum assignment rates to the restricted-service groups varied by more than 20 percentage points in about half of local areas. On average across all local areas, customers in the study had a 12 percent restricted-service group assignment rate. The actual rate of random assignment to each study group by local area is shown in Appendix I, Table I.2.

With the adjustments in random assignment rates, most local areas successfully met their enrollment targets. Of the 35,665 customers randomly assigned, 6.1 percent were assigned to the core group and 6.1 percent were assigned to the core-and-intensive group (Table V.3 and Figure V.3). Although we initially aimed to randomly assign 2,103 individuals to each of the restricted-service groups, we actually randomly assigned 2,180 to the core group and 2,181 to the core-and-intensive group. We allowed the targets to be exceeded because there were more changes in customer eligibility status over time (for example, some individuals became eligible for TAA) than we had originally expected, leading the study sample to be slightly smaller than the number of individuals enrolled. Most local areas met their specific targets. A handful of local areas did not meet their targets largely because the flow of customers requesting intensive or training services in those areas was so low that meeting the target would have required extending the sample intake period by many months or increasing the sampling rates to the restricted-service groups to unacceptably high levels.

The rate of random assignment to each research group was used in developing the weights for each customer. All the impact analysis will be conducted using weighted data, so that the findings can be generalized to all adult and dislocated worker customers in the programs nationwide. The weights will account for (1) the probability that the local area was selected to participate in the study, (2) the likelihood that the local area agreed to participate in the study, and (3) the rate of random assignment to each study group. Because the rate of assignment to the restricted-service groups varied over time, the weight will vary not only by local area but also when the customer was randomly assigned. For analyses based on survey data, the weights will also account for survey nonresponse.

Table V.2. Random assignment rates by local area

Local area	Combined rate of assignment to the restricted-service groups[a]					Number of assignment rate adjustments	
	Initial	Final	Min	Max	Average	Up	Down
Atlanta Region (Georgia)	24%	4%	2%	24%	5%	1	3
Capital Region (New York)	6%	24%	6%	24%	11%	4	1
Central Pennsylvania	32%	44%	12%	44%	22%	4	3
Central Region (Missouri)	24%	32%	24%	32%	30%	2	0
Chautauqua County (New York)	16%	40%	8%	40%	12%	3	1
Chicago (Illinois)	5%	16%	5%	20%	16%	2	2
East Tennessee	30%	30%	30%	36%	31%	1	1
Essex County (New Jersey)	16%	20%	3%	20%	5%	2	1
First Coast (Florida)	20%	40%	20%	40%	30%	2	0
Fresno County (California)	16%	30%	9%	30%	14%	3	2
Gulf Coast (Texas)	6%	10%	1%	10%	6%	2	2
Indianapolis (Indiana)	16%	14%	5%	16%	10%	2	1
Louisville (Kentucky)	16%	16%	16%	20%	17%	1	1
Lower Savannah (South Carolina)	10%	50%	10%	50%	37%	2	1
Muskegon (Michigan)	6%	36%	6%	36%	27%	3	0
New Orleans (Louisiana)	16%	50%	0%[b]	50%	21%	4	2
New York City	3%	6%	3%	6%	6%	2	0
North Central Texas	10%	14%	10%	14%	14%	1	0
Northwest Pennsylvania	4%	36%	4%	46%	29%	2	3
Sacramento (California)	16%	24%	4%	24%	8%	2	2
Santee-Lynches (South Carolina)	36%	50%	6%	50%	23%	3	2
Seattle-King County (Washington)	17%	24%	17%	24%	23%	1	0
South Dakota	16%	40%	16%	40%	25%	3	0
South Plains (Texas)	24%	50%	24%	50%	33%	3	0
Southeast Michigan	16%	40%	16%	40%	33%	3	0
Southwest Corner Pennsylvania	16%	30%	16%	30%	28%	2	0
Twin Districts (Mississippi)	10%	36%	3%	36%	12%	4	3
Waukesha-Ozaukee-Washington Counties (Wisconsin)	16%	36%	16%	36%	26%	3	0

Source: WIA Gold Standard Evaluation's random assignment system database.

[a]The rate of assignment to either restricted-service group combines the rate of assignment to the two groups. Thus, if the initial rate of assignment was 24 percent, then the rate of assignment to the core group was 12 percent and the rate of assignment to the core-and-intensive group was 12 percent. The probability of assignment to the core group was always equal to that for the core-and intensive group.

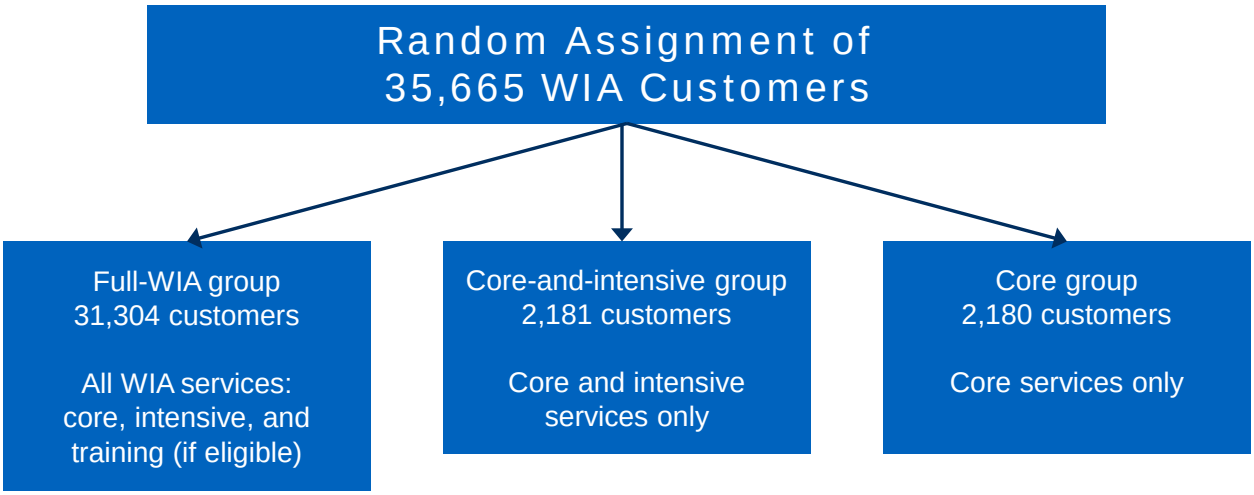
[b]Random assignment was briefly suspended for four days in this local area because of concerns about staff members correctly following study procedures.

Table V.3. Enrollment targets and actual enrollment by local area

Local area	Enrollment targets for each restricted-service group	Actual core group enrollment	Actual core-and- intensive group enrollment	Full-WIA group enrollment
Atlanta Region (Georgia)	57	59	62	2,361
Capital Region (New York)	96	102	101	1,663
Central Pennsylvania	103	105	107	774
Central Region (Missouri)	47	47	50	217
Chautauqua County (New York)	17	20	21	271
Chicago (Illinois)	78	85	83	901
East Tennessee	89	52	52	252
Essex County (New Jersey)	12	15	14	639
First Coast (Florida)	100	100	104	479
Fresno County (California)	98	107	104	1,374
Gulf Coast (Texas)	135	154	156	5,377
Indianapolis (Indiana)	110	117	119	2,213
Louisville (Kentucky)	79	83	83	788
Lower Savannah (South Carolina)	74	77	76	295
Muskegon (Michigan)	44	12	16	74
New Orleans (Louisiana)	53	66	61	472
New York City	136	150	145	5,188
North Central Texas	74	81	82	1,054
Northwest Pennsylvania	53	54	54	272
Sacramento (California)	103	130	128	2,347
Santee-Lynches (South Carolina)	50	49	48	348
Seattle-King County (Washington)	98	108	114	763
South Dakota	111	112	116	723
South Plains (Texas)	17	19	19	72
Southeast Michigan	73	80	77	350
Southwest Corner Pennsylvania	47	34	32	186
Twin Districts (Mississippi)	90	99	96	1,456
Waukesha-Ozaukee-Washington Counties (Wisconsin)	59	63	61	396
Across all local areas	**2,103**	**2,180**	**2,181**	**31,304**

Source: WIA Gold Standard Evaluation's random assignment system database.

Figure V.3. Number of customers randomly assigned to each group



Source: WIA Gold Standard Evaluation's random assignment system database.

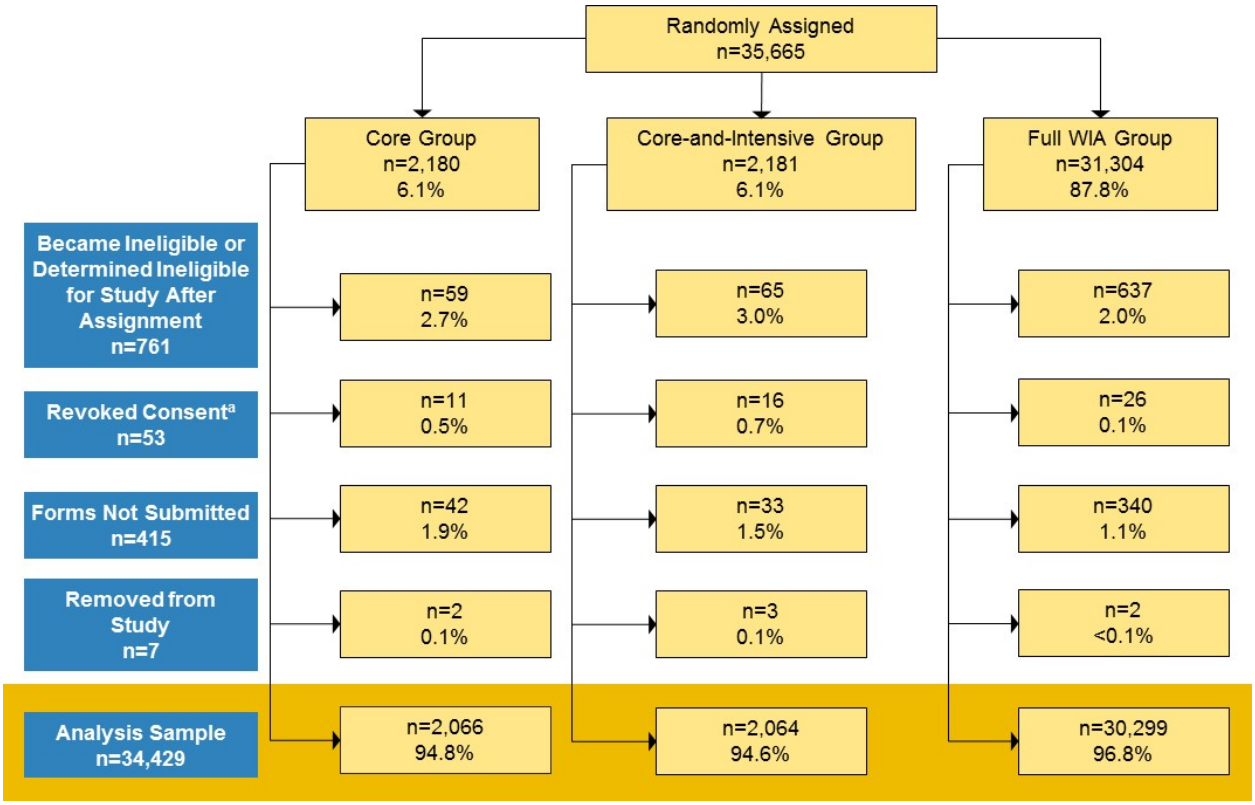
D. Attrition

Some customers left the study following random assignment (Figure V.4). Customers exited the study for three main reasons: (1) they were determined to be ineligible for the study after random assignment had already taken place, either because local area staff learned they were in an ineligible group and should not have been randomly assigned or because their eligibility status changed after random assignment (most frequently because they became eligible for TAA); (2) they revoked their consent to participate in the study; or (3) they were marked in the random assignment system as having consented to the study, but the study team did not receive their signed consent forms (see Appendix I, Table I.3 for attrition rates by local area).

All together, 761 customers—or 2.1 percent of all randomly-assigned customers—were deemed ineligible to participate in the study after they had been randomly assigned to a study group. Most of this group (604 customers) consisted of customers who were not in the population of interest for the study because they were later found ineligible for WIA intensive services or were not new customers. Customers in these groups should not have been considered for enrollment in the study; that is, intake staff should not have completed an eligibility checklist for them. Some customers were excluded because they were found to be a veteran or covered spouse (63 customers), be enrolled in another study (15 customers), have an employer referral (21 customers), be enrolled in a program that required them to have access to WIA intensive or training services such as TAA (47 customers), or be otherwise ineligible (11 customers). The rate at which customers were found ineligible for the study after random assignment varied little across the study groups: 2.7 percent of the core group, 3.0 percent of the core-and-intensive group, and 2.0 percent of the full-WIA group were determined ineligible after random assignment. The differences in these rates are not statistically significant.[7]

[7] We tested the significance of the differences across study groups using a regression model in which the dependent variable was an indicator for whether the customer was found ineligible for the study after random assignment and indicators for assigned study group were independent variables. The estimates corrected for clustering of standard errors by local area.

Figure V.4. Attrition after random assignment



Source: WIA Gold Standard Evaluation's random assignment system database, eligibility checklists, and consent forms.

[a] Indicates the difference across groups was statistically significant.

Customers were given the opportunity to revoke their consent to participate in the evaluation after random assignment, although doing so required writing to ETA or the study team. Revoking consent implied that we would not examine data on the customers—it did not affect the services they were offered. Fifty-three customers revoked their consent, including 0.5 percent of the core group, 0.7 percent of the core-and-intensive group, and 0.1 percent of the full-WIA group. The differences in these rates by study group are statistically significant. They probably arose because those in the restricted-service groups were more negatively affected by their study participation than members of the full-WIA group. Yet revoking consent was rare for customers in all study groups.

We excluded 415 customers (1.2 percent of the sample) because we did not receive consent forms from these customers. These customers were present in our random assignment system database, suggesting they had consented to participate in the study; however, we did not receive scanned versions or hard copies of their consent forms. In most of these cases, we did not receive their study registration forms, either. These missing forms were concentrated in three local areas. Discussions with staff in these local areas suggested that the forms were mislaid accidentally rather than to subvert the study, and the customers remained in their assigned study groups. Differences in the rates of missing forms were not statistically significant across study groups.

Finally, seven customers (two in the core group, three in the core-and-intensive group, and two in the full-WIA group) were removed from the study after random assignment in response to local area requests. These differences were not statistically significant across study groups.

After omitting these customers, our analysis sample contains 2,066 individuals in the core group, 2,064 in the core-and-intensive group, and 30,299 in the full-WIA group. Each local area contributed to the analysis between 99 and 5,506 individuals, with slightly more than 800 study participants in the median local area (Appendix I, Table I.3).

E. Crossovers

We asked that customers in the study be offered only services allowed by their assigned group for the embargo period of 15 months following random assignment. Customers who received services that were not allowed by their assigned group during the embargo period are referred to as crossovers. Many crossovers may lead to our impact estimates not accurately reflecting the impacts of the services offered in each group.

To monitor crossovers, we requested WIASRD records for each local area (from the local area or its state) each quarter during the study enrollment period. WIASRD contains service receipt data for services provided through the WIA Adult and Dislocated Worker programs and also, in many states, other programs including the Wagner-Peyser Employment Service. Because these records only included data on service receipt from the study local areas, they did not allow us to detect customers who may have received services not allowed by their group in another local area in the state. Hence, when the last randomly assigned customer completed his or her embargo period, we requested WIASRD records for the study sample for the entire state from each state that contained a local area in the study. We received statewide WIASRD records from all states except California, which, at the time, did not maintain a statewide WIASRD system. For the two local areas in California, we only have WIASRD records on service use within the study local areas. Although we have used the WIASRD to monitor customers' crossover service receipt, the follow-up surveys will also directly ask customers about their service receipt and provide more detailed and accurate information.

In total, WIASRD records were available from the states or local areas for 29,182 (or 85 percent) of the 34,429 customers participating in the study (Table V.4). The share of individuals in the study with WIASRD records varied by study group. Records were available for 68 percent of the core group customers; many of these customers had enrolled in the Wagner-Peyser Employment Service and/or had received WIA staff-assisted core services, a service tier offered in some local areas that falls between core and intensive services in terms of one-on-one staff assistance. Records were also available for 81 percent of the core-and-intensive group customers and 86 percent of the full-WIA group customers. This proportion also varied from 25 to 100 percent across participating local areas, with rates above 75 percent in all but five participating local areas (Appendix I, Table I.4).

WIASRD records for randomly-assigned customers may be unavailable for two reasons:

1. **Local area staff may not have enrolled the customers in WIA.** Local areas differed in when they enrolled customers in WIA and, thus, when they entered customers' information into WIASRD, and we did not ask them to change their procedures for the study. Randomly-

assigned customers who did not receive services that met the local area's criteria for WIA enrollment would not have a record in WIASRD. For this reason, we were not surprised that we found WIASRD records for a higher proportion of the full-WIA group than the core-and-intensive group, and for a higher proportion of the core-and-intensive group than the core group. Additionally, two local areas with low match rates to WIASRD—Atlanta Region (Georgia) and First Coast (Florida)—only enrolled customers in WIA when they were found eligible for training.

2. **Identifying information may be incorrect in either our random assignment system or the WIASRD.** We expect that staff may have accidentally entered incorrect information for some customers either in the WIASRD records or in our random assignment system. For instance, local area staff may have transposed digits in a social security number or misspelled names. Alternatively, customers may have given a different social security number when they were enrolled in WIA and when they were randomly assigned. These errors may have prevented us from identifying customers' records in the WIASRD.

We requested that the statewide extracts provide data beginning when the first customer was randomly assigned and until the end of the local area's embargo period. The statewide WIASRD records include information for study participants on any spell of service receipt which did not end before random assignment began. The period of time covered by the data varies by local area based on how long random assignment took place, when the study team requested the extract, and how and when the state responded to this request. For 24 local areas, we received WIASRD records covering the entire 15-month restricted-service period for all study participants. In three of the four remaining local areas, data were available for all study participants for 14 months or more, covering the vast majority of the embargo period. The remaining local area's last study group participants ended their embargo period in July 2014, but the available data followed individuals only until February 2014.

Core group members who received intensive services as defined by WIASRD. According to the WIASRD, 155 customers—representing 7.5 percent of the 2,066 customers in the core group—received some form of intensive services as defined by the local area in WIASRD (Table V.4).[8] One-hundred of them received WIASRD-defined intensive services the same day as or after random assignment and 55 received these services prior to random assignment and had not been exited from WIA before random assignment. Three customers received intensive services as defined by WIASRD in a local area other than the one in which they had been randomly assigned. The 155 potential crossovers were highly concentrated in a few local areas—90 of them were randomly assigned in two local areas, Gulf Coast (Texas) and Indianapolis (Indiana) (Appendix I, Table I.5).

[8] If customers were not identified in the WIASRD because of incorrect identifying information, it is possible that more than 7.5 percent of the core group customers received intensive services as defined by WIASRD.

Table V.4. Number (percentage) of customers who received services as reported in state WIASRD extracts

	Core group	Core-and-intensive group	Full-WIA group	All groups combined
Customer has WIASRD record	1,398 (67.7%)	1,665 (80.7%)	26,119 (86.2%)	29,182 (84.8%)
Received intensive services during embargo period, including day of random assignment	100 (4.8%)	898 (43.5%)	15,948 (52.6%)	16,946 (49.2%)
Received intensive services before random assignment	55 (2.7%)	72 (3.5%)	1,421 (4.7%)	1,548 (4.5%)
Received an ITA during embargo period, including day of random assignment	5 (0.2%)	18 (0.9%)	8,159 (26.9%)	8,182 (23.8%)
Received an ITA before random assignment	1 (<0.1%)	2 (0.1%)	158 (0.5%)	161 (0.5%)
Total number in group	**2,066**	**2,064**	**30,299**	**34,429**

Source: WIASRD records for WIA Gold Standard Evaluation participants extracted between January 2014 and August 2014 and WIA Gold Standard Evaluation's random assignment system.

Notes: ITA = Individual Training Account. The timing of the receipt of an ITA is based on the date a customer started training as reported in the WIASRD. The timing of intensive services is based on the date a customer first received intensive services as reported in the WIASRD.

Even if the WIASRD records show that a customer in the core group received intensive services, the customer may not have received services that were inconsistent with his or her assigned group, and hence not be a crossover, for two reasons. First, the customer may have received services that were viewed as core services for the study but that the local area recorded as intensive services. For example, in Indianapolis (Indiana), the TABE assessment was available to all customers in the resource room. The local area coded the assessment as an intensive service in the WIASRD, but it was considered a core service for the study. Core group members in Twin Districts (Mississippi) were allowed by the study to attend workshops that did not involve significant staff involvement but the local area coded them as an intensive service in the WIASRD. This explanation would also be consistent with some customers receiving WIASRD-defined intensive services prior to random assignment. The second potential reason that the customers may not have been crossovers is local area data entry error; this was the explanation provided by some local areas when we asked about the core group members who received intensive services according to WIASRD.

Core and core-and-intensive group members who received an ITA according to WIASRD. According to the WIASRD, six core group customers (one of whom also received intensive services) and 20 core-and-intensive group customers received an ITA, before or during the embargo period (Table V.4). This represents less than 0.3 percent of the core group and 1.0 percent of the core-and-intensive group. Seven of these 26 customers had received an ITA from a local area other than the one in which they had been enrolled during the study and three of these 26 customers received an ITA before the day of random assignment. (Note that 0.5 percent of the full-WIA group also received an ITA before random assignment.) The 26 customers were spread across local areas; no local area had more than five customers in the combined restricted-service groups who received an ITA (see Appendix I, Tables I.6 and I.7 for details by local area). When

we followed up with local areas to determine why customers in the restricted-service groups received ITAs, we found that in several cases the ITA was funded by sources other than the WIA Adult and Dislocated Worker programs, such as a National Emergency Grant.

F. Demonstrating baseline equivalence of the three study groups

If random assignment was implemented correctly, we would expect members of the three study groups to have the same characteristics, on average, before random assignment. To verify that this was the case, we used baseline data from the study registration forms that customers completed before random assignment and compared the average characteristics of customers in each study group (Table V.5). We examined all possible comparisons of the means of 56 characteristics across groups: (1) core-and-intensive customers compared with core customers, (2) full-WIA customers compared with core customers, and (3) full-WIA customers compared with core-and-intensive customers. We created categorical variables to indicate when data were missing on a particular characteristic. For each analysis, we used t-tests to gauge whether the means were statistically different from each other at the 5 percent level. To conduct the analysis, we pooled data across local areas and weighted the data to account for the probability that the local area was selected to participate in the study, the likelihood that the local area agreed to participate in the study, and the rate of random assignment to each study group. The statistical tests accounted for clustering effects due to the random selection of local areas for the evaluation.

We found 13 statistically significant differences across the 168 (56 characteristics x 3 study groups) comparisons made. If we ran 168 independent t-tests using a 5 percent significance level, we would expect 8.4 of them to be statistically significant simply by chance. However, these tests are not independent. For example, since the core group has a higher proportion of people in households with four to five members than the full-WIA group, we would expect the core group also to have a higher average household size. So we would expect more than 8 statistically significant differences just by chance. That we found only 13 statistically significant differences given these considerations suggests that the three study groups had similar characteristics at baseline.

The differences in the characteristics of customers that did occur were small. Specifically:

- **Core-and-intensive versus core.** In our comparison of customers assigned to the core-and-intensive and core groups, we found statistically significant differences for 2 of the 56 characteristics we examined. Core-and-intensive group members were somewhat less likely to be Asian (2 percent versus 4 percent), and somewhat less likely to be between 18 and 20 years of age (2 percent versus 8 percent) than core group members.

Table V.5. Baseline equivalence of customer characteristics across study groups

Baseline characteristic	Proportion with characteristic (unless otherwise noted)			Difference between					
	Core	Core-and-intensive	Full-WIA	Core-and-intensive and core	*p*-value	Full-WIA and core	*p*-value	Full-WIA and core-and-intensive	*p*-value
Adult only	0.58	0.56	0.56	-0.01	0.548	-0.02	0.195	-0.01	0.652
Dislocated worker only	0.33	0.33	0.35	0.00	0.967	0.02	0.226	0.02	0.386
Both adult and dislocated worker	0.10	0.11	0.10	0.01	0.235	0.00	0.644	-0.01	0.342
Female	0.57	0.60	0.57	0.02	0.400	0.00	0.867	-0.02	0.306
Age (average)	38.38	39.38	38.85	1.00	0.404	0.48	0.586	-0.53	0.249
Distribution of age									
18–20	0.08	0.02	0.03	-0.06	0.041*	-0.04	0.085	0.01	0.007*
21–24	0.11	0.10	0.11	0.00	0.874	0.00	0.973	0.00	0.627
25–32	0.19	0.23	0.22	0.04	0.235	0.03	0.120	-0.01	0.650
33–42	0.22	0.22	0.22	0.00	0.985	0.00	0.954	0.00	0.888
43–50	0.19	0.20	0.21	0.01	0.545	0.03	0.188	0.02	0.121
51 or older	0.22	0.22	0.20	0.01	0.885	-0.01	0.677	-0.02	0.200
Race/ethnicity[a]									
Hispanic	0.17	0.15	0.13	-0.02	0.598	-0.04	0.225	-0.02	0.298
White, non-Hispanic	0.39	0.39	0.39	0.01	0.779	0.01	0.665	0.00	0.962
Black, non-Hispanic	0.39	0.41	0.41	0.02	0.202	0.02	0.061	0.01	0.712
Asian	0.04	0.02	0.03	-0.02	0.026*	0.00	0.476	0.01	0.020*
Native Hawaiian, Pacific Islander, or Native American	0.01	0.01	0.01	0.00	0.794	0.00	0.716	0.00	0.680
Other	0.02	0.02	0.02	0.01	0.325	0.00	0.253	-0.01	0.498
Race missing	0.02	0.01	0.01	-0.01	0.441	-0.01	0.295	0.00	0.942
Primary spoken language is Spanish	0.04	0.03	0.03	-0.01	0.504	-0.01	0.127	0.00	0.777
Primary spoken language is neither English nor Spanish	0.04	0.02	0.04	-0.02	0.128	0.00	0.844	0.02	0.040*
Marital status[a]									
Currently married	0.30	0.27	0.28	-0.03	0.195	-0.02	0.114	0.01	0.585
Separated, divorced, or widowed	0.27	0.26	0.28	0.00	0.926	0.01	0.760	0.01	0.479
Never married	0.43	0.47	0.44	0.03	0.531	0.01	0.665	-0.02	0.419
Marital status missing	0.03	0.01	0.02	-0.01	0.304	-0.01	0.616	0.01	0.023*

Table V.5 (continued)

Baseline characteristic	Proportion with characteristic (unless otherwise noted)			Difference between					
	Core	Core-and-intensive	Full-WIA	Core-and-intensive and core	*p*-value	Full-WIA and core	*p*-value	Full-WIA and core-and-intensive	*p*-value
Working at random assignment	0.03	0.02	0.02	-0.01	0.429	0.00	0.641	0.00	0.313
Missing current employment status	0.25	0.23	0.24	-0.02	0.472	0.00	0.948	0.02	0.264
Employed in past five years	0.76	0.78	0.76	0.02	0.459	0.00	0.928	-0.02	0.244
Hourly wage in last job, 2012 dollars (average)[b]	14.17	15.01	15.04	0.58	0.118	0.76	0.071	0.16	0.644
Distribution of last real hourly wage, 2012 dollars									
Missing hourly wage	0.26	0.26	0.28	0.00	0.915	0.01	0.478	0.02	0.436
Less than minimum	0.05	0.05	0.05	0.00	0.784	0.00	0.767	-0.01	0.512
Between minimum and 2X minimum	0.58	0.56	0.57	-0.01	0.685	-0.01	0.782	0.01	0.793
Between 2X and 3X minimum	0.25	0.23	0.23	-0.02	0.694	-0.02	0.620	0.00	0.921
Above 3X Minimum	0.12	0.16	0.15	0.03	0.315	0.03	0.061	0.00	0.989
Highest degree									
Less than high school degree	0.07	0.09	0.07	0.02	0.169	0.00	0.857	-0.02	0.284
High school or GED	0.68	0.66	0.69	-0.02	0.498	0.01	0.406	0.03	0.160
Associate's or equivalent	0.10	0.10	0.09	0.00	0.921	-0.01	0.248	-0.01	0.386
Bachelor's or equivalent	0.12	0.13	0.12	0.01	0.631	0.00	0.832	-0.01	0.387
Master's or higher	0.03	0.03	0.04	0.00	0.489	0.01	0.516	0.01	0.119
Highest degree missing	0.06	0.02	0.04	-0.04	0.138	-0.02	0.418	0.02	0.007*
Has participated in vocational training[c]	0.21	0.21	0.23	0.00	0.945	0.02	0.380	0.02	0.303
Have health problems that limit work or training	0.07	0.06	0.04	-0.02	0.264	-0.03	0.050*	-0.01	0.165
Household size (average)	3.09	2.77	2.88	-0.31	0.065	-0.21	0.039*	0.11	0.21
Distribution of household size[a]									
Sole member	0.21	0.24	0.23	0.02	0.401	0.01	0.307	-0.01	0.535
2–3 members	0.41	0.47	0.46	0.06	0.109	0.06	0.064	0.00	0.758
4–5 members	0.29	0.24	0.24	-0.05	0.076	-0.05	0.047*	0.00	0.916
6 or more members	0.09	0.05	0.07	-0.04	0.056	-0.02	0.097	0.01	0.037*
Missing household size	0.04	0.04	0.04	0.01	0.232	0.00	0.991	-0.01	0.246

Table V.5 (continued)

Baseline characteristic	Proportion with characteristic (unless otherwise noted)			Difference between					
	Core	Core-and-intensive	Full-WIA	Core-and-intensive and core	*p*-value	Full-WIA and core	*p*-value	Full-WIA and core-and-intensive	*p*-value
Receipt of public assistance									
TANF, SSI/SSDI, or GA	0.16	0.11	0.11	-0.05	0.057	-0.05	0.032*	0.00	0.681
SNAP or WIC	0.35	0.38	0.35	0.03	0.524	0.00	0.820	-0.03	0.462
Unemployment compensation	0.27	0.25	0.29	-0.01	0.558	0.03	0.299	0.04	0.245
Other public assistance	0.02	0.01	0.01	-0.01	0.142	-0.01	0.275	0.00	0.035*
Counselor predicted likelihood of training									
Very likely	0.43	0.42	0.45	-0.01	0.656	0.02	0.217	0.03	0.231
Somewhat likely	0.38	0.36	0.37	-0.02	0.201	-0.01	0.612	0.01	0.363
Somewhat unlikely	0.09	0.12	0.10	0.03	0.108	0.01	0.544	-0.02	0.103
Very unlikely	0.10	0.10	0.08	0.00	0.833	-0.02	0.175	-0.02	0.131
Visited a center previously	0.36	0.33	0.34	-0.02	0.414	-0.01	0.426	0.01	0.782
Sample size	**2,066**	**2,064**	**30,299**						

Source: WIA Gold Standard Evaluation's study registration forms.

Notes: Sample size differs across continuous variables because of missing data.

[a]Proportions in each category are calculated excluding sample members without data.

[b]Wages expressed in 2012 dollars relative to 2012 federal minimum wage.

[c]Respondent reported receiving a vocational or technical degree or certificate or a business degree or certificate.

*Significantly different from zero at the 0.05 level, two-tailed test.

GA = general assistance; GED = General Educational Development; SNAP = Supplemental Nutrition Assistance Program; SSDI = Social Security Disability Insurance; SSI = Social Security Income; TANF = Temporary Assistance for Needy Families; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

- **Full-WIA versus core.** In our comparison of the full-WIA and core groups, we found statistically significant differences for 4 of 56 characteristics examined. Full-WIA group customers were less likely than core group members to have a health problem limiting their ability to work (4 percent versus 7 percent) and to have received TANF, Supplemental Security Income, Social Security Disability Insurance, or General Assistance (11 percent versus 16 percent). The average household size of the full-WIA group was smaller than the average household size of the core group (2.88 members versus 3.09 members) and the full-WIA group members were less likely to live in a household with four to five members than core group members (24 percent versus 29 percent).

- **Full-WIA versus core-and-intensive.** In our comparison of the full-WIA and core-and-intensive groups, we found statistically significant differences for 7 of 56 characteristics examined. Relative to core-and-intensive customers, full-WIA customers were more likely to be between 18 and 20 years old (3 percent versus 2 percent), to be Asian (3 percent versus 2 percent), to speak a primary language other than English or Spanish (4 percent versus 2 percent), to be missing information on marital status (2 percent versus 1 percent), to be missing information on highest degree earned (4 percent versus 2 percent), to come from households with six or more members (7 percent versus 5 percent), and to have received "other" public assistance (difference less than 0.5 percentage points).

Our analysis provides support that random assignment procedures were implemented properly and that we will be able to attribute differences in follow-up outcomes across the three study groups to differences in WIA service offerings. In the impact analysis, we will use regression models to adjust for the small baseline differences we observed across the three study groups.

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VI. LESSONS LEARNED

The central goal of the WIA Gold Standard Evaluation is to obtain rigorous estimates of the effectiveness of two national, ongoing programs—the WIA Adult and Dislocated Worker programs. Although all experimental program evaluations are challenging, two aspects of this evaluation were particularly challenging. First, the evaluation's goal was to obtain estimates that could be generalized to the program nationally rather than just some local areas. This required that we recruit a randomly selected set of local areas to participate in the study because the alternative—including local areas that volunteered to participate—may yield misleading findings if the volunteer local areas were particularly effective or ineffective. Moreover, because there are over 500 local areas across the country, we needed to recruit dozens of local areas to participate in the study; none of them were required to participate or were given large financial incentives to do so.

Second, the WIA Gold Standard Evaluation was designed to test the effectiveness of two national, well-established ongoing programs and not to test the efficacy of demonstration programs that were implemented in order to test whether, under some conditions, they could work. It is more difficult to insert random assignment procedures into existing programs where intake procedures are already well established than in demonstrations in which random assignment can be designed as an integral part of the intake procedures from the program's inception. Because the goal was to test the programs as they were usually operated, it was important to minimize the effects of the study on program operations. Further complicating the study design and implementation, and reflecting the considerable flexibility WIA provides to local areas in program design, the programs were implemented differently across local areas.

To help inform the design and implementation of other experimental evaluations of national, ongoing social programs, this chapter summarizes the lessons we learned from implementing this study. We divide the lessons into three categories: (1) lessons about site recruitment, (2) lessons about study design, and (3) lessons about supporting experimental evaluation sites.

A. Lessons about site recruitment

It is necessary to successfully recruit most of the randomly-sampled study sites to obtain nationally representative estimates that can be generalizable to the program as a whole. Of the 30 local areas randomly sampled for the WIA Gold Standard Evaluation, we successfully recruited 26, or 87 percent. We also recruited two additional randomly selected local areas to replace two of the four local areas that refused to participate. Through our recruitment efforts, we developed the following key lessons:

- **Involve the funding agency.** The initial participation of the ETA assistant secretary and the ongoing participation of ETA staff in recruiting visits clearly communicated to local areas DOL's commitment to the study. This factor was a major contributor to the success of the recruitment for this study.
- **Discuss the study with all key stakeholders.** Key stakeholders in the study included members of the LWIB and its staff, representatives from key AJC partner programs, AJC managers, and state staff. In retrospect, more careful attention to identifying stakeholders to attend the initial on-site recruitment meeting could have saved time and study resources. In

some instances, the lack of involvement of state staff at this meeting meant that the local area stakeholders could not declare their commitment to participate in the study. Thus, recruiters had to brief the state staff at a later date to obtain their support. Similarly, recruiters allowed the key local area contact to invite attendees to the initial recruitment meeting. Although this strategy generally worked well, in at least two local areas it did not, and the appropriate decision makers did not attend the initial recruitment meeting.

- **Minimize disruptions to the programs.** As discussed further below, we designed the study to reduce the burden on local areas. These design modifications were consistent with our goal of estimating the effectiveness of the programs as they were usually operated but also made the evaluation more acceptable to local areas. For example, as discussed below, local area staff appreciated that the study design kept the number of customers assigned to the restricted-service groups low, and we were able to promise the local areas that we would not exceed a given number of customers in each restricted-service group.

- **Be flexible about design when necessary to meet sites' concerns.** In several instances, to obtain a local area's participation, we made decisions that were not ideal from a design perspective but would still allow us to estimate valid and precise program impacts while significantly increasing the likelihood that we could successfully recruit the local area to participate in the study. Examples of these design decisions include the following:

  - We allowed the local areas to exempt from random assignment small, pre-specified groups of customers—for example, because of stakeholders' ethical or political concerns about randomly assigning these customers. We also allowed the local areas to ask permission from the study team to exempt customers from random assignment on an ad hoc basis (wild cards). Although only one wild card exemption was used , local area staff found the availability of wild cards reassuring.

  - We allowed one local area to conduct intake for the study over two months, rather than a year, because the local area stakeholders insisted that this time frame was a precondition for their participation. Although we lost the benefit of seasonality in this local area, we viewed the loss as less important than keeping the local area in the study.

  - Although the full observation period for the study extends 30 months after random assignment, we required that local area staff restrict services for members of the restricted-service groups for only 15 months. Local area staff viewed it as too onerous on customers to be restricted from receiving services for 30 months.

- **Explain the importance of the study.** The most difficult aspect of the recruitment process was conveying to stakeholders the importance of random assignment and its inherent fairness. Recruiters often reminded stakeholders that random assignment can be an equitable way to allocate scarce resources. However, this argument was not always convincing; stakeholders in several local areas responded that declining to offer services to customers because funding ran out was different from denying them services because of computer-conducted random assignment. The small numbers in the restricted-service groups helped assuage staff concerns but did not eliminate them. In the end, discussions stressing the importance of the study to both future funding of the programs and in learning how to improve the programs were key to acquiring stakeholders' support despite their concerns.

- **Assist the sites in implementing the evaluation.** As we discuss further below, it was important to provide local areas with comprehensive training and ongoing assistance in implementing the study. The local area staff appreciated that we provided this assistance. For example, we were responsive to local area staff requests that we operate a telephone helpline that customers could call if they had questions about the study; this support was viewed as a way to reduce the burden on staff to address customers' concerns and questions about the study.
- **Understand that recruiting sites is time- and resource-intensive.** It took 18 months to recruit the 28 local areas for the WIA Gold Standard Evaluation and required at least two and sometimes as many as four visits to meet with all the necessary stakeholders in each local area. The visits were conducted by senior members of the study team as well as senior ETA staff. Even after the visits, many phone conversations were required to address local areas' concerns and develop a plan for their participation before the subcontracts with the local areas were signed.

B. Lessons about study design

In designing the WIA Gold Standard Evaluation we were required to trade off the aspects of the design that were ideal from a purely technical viewpoint with the practical considerations of implementing an experimental evaluation in a complex, ongoing program. Our experience in implementing this evaluation suggests the following lessons.

Small restricted-service groups are critical. A key decision in the study's success was the decision to keep the rate of assignment to the core and core-and-intensive groups low compared with the rate of assignment to the full-WIA group. Only about 6 percent of customers were assigned to each of the restricted-service groups. While the statistical precision of impact estimates is maximized when the study groups are of equal size, we found that two factors in the WIA Gold Standard Evaluation outweighed this benefit of equally sized study groups. First, restricting or denying services to a large percentage of program applicants would likely reduce the number of people served by the program and hence change the nature of the program being evaluated. Second, restricting services to customers is difficult for program staff, so a relatively small number of customers assigned to the restricted-service groups makes the study much more acceptable to program staff. The low rate of assignment to the restricted-service groups was a key factor in the success of recruiting local areas for the WIA Gold Standard Evaluation.

When sites vary in their service delivery, a trade-off exists between standardizing the services tested in each site and testing the programs as they are usually operated. One implication of the flexibility that WIA gives local areas in implementing the Adult and Dislocated Worker programs is that an evaluation of the national program needs to accommodate these differences. One challenging aspect of the variation in the programs was that local areas defined intensive services differently. For the most part, we were able to define the services received by members of the core and core-and-intensive groups consistently for the purpose of the study—as services that involved significant one-on-one interaction with staff—irrespective of how the local areas defined intensive services. However, we allowed some local areas to deviate from the study definitions of intensive services when requiring them to use the study definitions would have led to major disruptions to their typical service offerings. For example, while the TABE assessment was treated as an intensive services in most local areas and hence

not available to core group members, one local area offered it as a core service and made it available to any customer that requested it. We chose to allow the local area to continue to offer the TABE as a core service and hence available to core group members to avoid the local area changing how it offered services.

Program integration complicates the evaluation of any one program. The integration of programs is an important goal of WIA, but makes the evaluation of any one program within the system of programs more challenging. For the WIA Gold Standard Evaluation, we needed to exempt from the evaluation some customers who applied for services from the WIA Adult and Dislocated Worker programs because they were participating in another program. For example, WIA Adult and Dislocated Worker program services are offered as part of the TAA program. Hence, we needed to exempt TAA participants from the evaluation because we could not deny the Adult and Dislocated Worker program services to these customers. Similar issues arose with services provided to some TANF, SNAP E&T, and unemployment insurance recipients.

C. Lessons about supporting experimental evaluation sites

Implementing experimental evaluations is challenging for program staff for two reasons. First, it requires that program staff members implement new procedures. They need to determine whether a program applicant is eligible for the study, explain the study and obtain the applicant's consent to participate, facilitate the collection of baseline data, conduct random assignment, and then keep track of the research group to which the person has been assigned. Second, restricting services that are offered to program applicants or participants is inherently difficult for program staff. Staff members at social programs are trained to address people's needs by offering them any program services that they could benefit from, and most program staff care deeply about the welfare of the populations they serve. Hence, saying "no" to people who request services can be difficult. In any evaluation it is important to be sensitive to the needs of program staff and assist the staff's implementation of the evaluation. It was particularly important in the WIA Gold Standard Evaluation because minimizing program disruption was so critical in estimating the effectiveness of the program as it is usually operated and in acquiring and maintaining local areas' participation in the study.

The lessons learned about supporting sites in implementing experimental evaluations from our experience include:

- **Minimize involvement of site staff in data collection.** Data on customer characteristics prior to random assignment are needed to obtain estimates of the effectiveness of the programs for specific groups of customers (such as young workers or less educated workers) and for various statistical adjustments (such as addressing survey nonresponse). However, collecting these data can add substantial work for the site staff. For the WIA Gold Standard Evaluation, local area staff asked customers to complete a two-page, hard-copy study registration form, which the staff checked for completeness. Asking staff to enter all the data from these forms into a random assignment system would have been too burdensome. Instead, staff members were asked to enter a small amount of the data into the random assignment system but were not asked to enter any other data.
- **Avoid hard-copy forms.** In the WIA Gold Standard Evaluation, we found that it was difficult for local areas to keep track of study forms. Local area staff members were asked to

assemble the consent, study registration, and contact information forms in batches and send them to Mathematica. Mathematica staff used the random assignment system to check that forms were received for each customer randomly assigned and notified the local area when forms were not received for particular customers. We found that some local areas lost entire batches of forms comprising over 400 forms. When forms were lost, we could not include these customers in the study. To prevent this situation in future studies, we would devise a way for customers to complete the forms online or for local area staff to scan the forms upon completion rather than asking staff to keep track of the forms and mail them to the study team.

- **Invest heavily in program staff training and support.** Some of the key ways we assisted staff members in implementing the evaluation included:
  - Providing a short video about the study that could be shown to customers at orientation or viewed online, so that staff did not have to spend time describing the study
  - Providing detailed, tailored manuals that described in detail the steps program staff need to take to implement the evaluation
  - Providing scripts that staff could use in describing the study and informing the customers about their assignment
  - Conducting in-person training on procedures and a customized manual for each local area that documented the procedures
  - Providing an online web-based random assignment system that required minimal data entry, conducted random assignment in seconds, and alerted staff if someone had already been randomly assigned
  - Having a member of the study team assigned as the primary point of contact to each local area to address any questions or concerns
  - Providing local staff and customer telephone helplines, staffed during all business hours, to address any customer or staff questions
  - Working with the local areas and their states to change management information systems so that they could record the study group for each customer in the study

D. Concluding comments

The most important factor in the success of the implementation of the WIA Gold Standard Evaluation was the dedication and hard work of the local staff at the hundreds of AJCs and dozens of local areas across the United States that participated in the study. With the long-term goal of collecting evidence to improve the services they provide to customers who need help finding a job or advancing in their careers, these staff members carefully implemented study procedures. With their assistance, we were able to execute a challenging study design that will ultimately allow us to obtain rigorous estimates of the effectiveness of intensive and training services provided nationally through the WIA Adult and Dislocated Worker programs.

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APPENDIX A

SITE NAMES GLOSSARY

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Table A.1. Site names glossary

Region	State	LWIB Name	Local area short name for report
3	GA	Atlanta Regional Workforce Board	Atlanta Region (Georgia)
1	NY	Capital Regional Workforce Investment Board	Capital Region (New York)
5	MO	Central Region Workforce Investment Board	Central Region (Missouri)
1	NY	Chautauqua County Workforce Investment Board	Chautauqua County (New York)
5	IL	Chicago Workforce Investment Council[a]	Chicago (Illinois)
5	IL	DuPage County Workforce Investment Board	DuPage County (Illinois)
3	TN	East Tennessee Human Resource Agency	East Tennessee
5	IN	EmployIndy Workforce Investment Board	Indianapolis (Indiana)
1	NJ	Essex County Workforce Investment Board	Essex County (New Jersey)
3	FL	First Coast Workforce Investment Board	First Coast (Florida)
6	CA	Fresno Regional Workforce Investment Board	Fresno County (California)
3	KY	The Greater Louisville Workforce Investment Board	Louisville (Kentucky)
4	TX	Gulf Coast Workforce Board	Gulf Coast (Texas)
3	SC	Lower Savannah Workforce Investment Area	Lower Savannah (South Carolina)
5	MI	Muskegon/Oceana Michigan Works! Workforce Development Board	Muskegon (Michigan)
6	NV	Nevadaworks	Nevada
4	LA	The New Orleans Workforce Investment Board	New Orleans (Louisiana)
1	NY	New York City Workforce Investment Board	New York City
4	TX	North Central Texas Workforce Development Board-Workforce Solutions	North Central Texas
2	PA	Northwest Workforce Investment Board	Northwest Pennsylvania
6	CA	Sacramento Works Workforce Investment Board	Sacramento (California)
3	SC	Santee-Lynches Workforce Investment Board	Santee-Lynches (South Carolina)
4	SD	South Dakota Workforce Development Council	South Dakota
4	TX	South Plains Workforce Development Board	South Plains (Texas)
5	MI	Southeast Michigan Community Alliance Workforce Investment Board	Southeast Michigan
2	PA	Southwest Corner Workforce Investment Board	Southwest Corner Pennsylvania
5	MI	Thumb Area Michigan Works!	Thumb Area (Michigan)
3	MS	Twin Districts Workforce Area	Twin Districts (Mississippi)
2	PA	Workforce Investment Board of Central Pennsylvania	Central Pennsylvania
5	WI	The Waukesha-Ozaukee-Washington Workforce Development Board	Waukesha-Ozaukee-Washington Counties (Wisconsin)
6	WA	The Workforce Development Council of Seattle-King County	Seattle-King County (Washington)
5	OH	WIA Area 7	WIA Area 7 (Ohio)

[a] In July 2012, during the course of the WIA Gold Standard Evaluation, the Chicago Workforce Investment Council merged with the Workforce Board of Northern Cook County and Cook County Workforce Investment Board to form a single workforce investment area, the Chicago Cook Workforce Investment Board (staffed by the Chicago Cook Workforce Partnership). Only those AJCs, affiliate, and satellite centers located within the boundaries of the City of Chicago participated in the study, both before and after the merger.

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APPENDIX B

RECRUITING MATERIALS

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The WIA Adult and Dislocated Worker Programs Gold Standard Evaluation

Study Rationale

With high unemployment and a growing need for a more skilled workforce, providing effective and efficient employment and training services is important. The Workforce Investment Act of 1998 (WIA) provides $3 billion annually for employment and training services. Yet because these services have not been assessed using rigorous evaluation methodologies, we do not know how they are affecting customers' employment opportunities or earnings.

Research Questions

In response, the U.S. Department of Labor has funded a study to assess the effectiveness of the WIA intensive and training services provided through the Adult and Dislocated Worker formula programs. For each program, the study's research questions are:

- How do the WIA-funded intensive services affect customers' employment rates, earnings, and other related outcomes?
- How does WIA-funded training affect customers' employment rates, earnings, and other related outcomes?
- What is the effect of these services on subgroups of customers defined by customer and program characteristics?
- How are these services implemented, and how do differences in implementation affect customers' employment, earnings, and related outcomes?
- Are the benefits of these services measured in dollars greater than their costs?

Study Design Features

The study will use an experimental research design with the following features:

- Thirty local workforce investment areas (LWIAs) have been selected randomly so that study findings can represent the national WIA Adult and Dislocated Worker programs.
- All eligible adults and dislocated workers in the study sites will be randomly assigned to one of three research groups defined by the WIA-funded services that they can receive: (1) all WIA services, (2) core and intensive services but not training, and (3) core only services. Random assignment will occur just before eligible customers would begin to receive WIA-funded intensive services.
- About 85 to 90 percent of WIA-eligible adults and dislocated workers will be in the first group and will be able to access all WIA services.
- Two follow-up surveys will be conducted for a subsample of customers in the study.
- Administrative and program data will be collected for all customers in the study.
- Detailed information will be collected on the implementation of WIA intensive and training services through interviews with program staff.

Benefits to Participating LWIAs

Participating LWIAs will provide input into the national discussion about policies and practices designed to raise the employment and earnings of adults and dislocated workers. Other benefits to each participating LWIA include:

- Receipt of timely findings for the LWIA; findings for each LWIA will not be made public or shared with the U.S. Department of Labor
- Opportunities to discuss program issues and policy with senior staff at the U.S. Department of Labor
- Opportunities for staff at all levels to meet with and learn from staff of other study LWIAs
- Financial compensation

Study Requirements

For the success of the study, participating LWIAs will perform specific study-related tasks. The study team will work with each LWIA to minimize disruptions to its normal operations. Participation includes:

- Asking all customers who would be offered WIA-funded intensive services to read and sign a study consent form and to complete short information and contact forms
- Entering the data from the short form into a web-based information system, which will indicate the group to which the customer has been randomly assigned
- Providing to customers only the WIA-funded services for which their assigned research group is eligible
- Providing information to the study team on services received by customers
- Participating in on-site visits conducted by the study team

The study team will support and train the LWIA staff on the study, and will compensate the LWIA for its participation.

Study Schedule

Key milestones and dates for the study follow:

- Begin to train LWIA staff in June 2011
- Start random assignment of customers in July 2011; random assignment will continue for 12 to 18 months
- Enter data on new WIA-eligible adults and dislocated workers into the study web-based system for an additional 15 months after random assignment has ended
- Research team begins to provide feedback to the LWIA within six months after the start of random assignment
- Release of the first impact findings is expected in 2015 and the final findings in 2016

The Study Team

Mathematica Policy Research, a nonpartisan policy research firm, conducts research and surveys for federal and state governments, foundations, and private sector clients. The employee-owned company has conducted some of the most important evaluations of education, nutrition, welfare, employment, and early childhood policies and programs in the United States. See www.mathematica-mpr.com.

Social Policy Research Associates (SPR) is a nationally recognized research, evaluation, and technical assistance firm. SPR specializes in providing rigorous and responsive services related to employment assistance, job training, education, youth programs, and comprehensive social services. See www.spra.com.

MDRC is known for mounting large-scale evaluations of real-world policies and programs targeted to low-income people. From welfare policy to high school reform, MDRC's research has frequently helped to shape legislation, program design, and operational practices across the country. See www.mdrc.org.

The Corporation for a Skilled Workforce (CSW) works closely with members of the workforce investment system. CSW researches promising practices; creates and tests new models and tools to solve problems; and advises and supports state, regional, and local implementation of workforce initiatives. See www.skilledwork.org.

To Find Out More

Contact the U.S. Department of Labor's project officer, Eileen Pederson, by phone at (202) 693-3647 or by email at pederson.eileen@dol.gov.

Or contact Mathematica's project director, Sheena McConnell, by phone at (202) 484-4518 or by email at smcconnell@mathematica-mpr.com.

THE WIA ADULT AND DISLOCATED WORKER PROGRAMS GOLD STANDARD EVALUATION

Why is this study important?

An evaluation of the Workforce Investment Act (WIA) Adult and Dislocated Worker programs is important for several reasons. First, although a rigorous evaluation of WIA was required in the authorizing legislation, one has not been conducted in the 12 years since WIA was enacted. Second, Congress, the Office of Management and Budget, and the Government Accountability Office have called on the U.S. Department of Labor (DOL) to conduct an evaluation. Without one, the program's future funding could be at risk. Finally, we need to learn if WIA-funded intensive services and training are as effective as they can be. The recent recession and high unemployment rate serve as a reminder of the importance of ensuring that the services provided to people who are out of work and desiring to transition to new employment are as effective as possible.

Why are you conducting the study now when the unemployment rate is high?

One can never pinpoint the best time to conduct an evaluation of ongoing, nationwide programs like the WIA Adult and Dislocated Worker programs, because factors affecting these programs and their participants are always changing. Indeed, by July 2011 when the study will begin enrolling customers, the economic conditions may be different from what they are now. If DOL waited for the program and the economy to be stable before conducting the evaluation, it might never happen.

Why did you randomly select the LWIAs instead of asking for volunteers?

The study's key goal is to generate findings that are applicable to the national WIA Adult and Dislocated Worker programs. If we relied on volunteer local workforce investment areas (LWIAs), we would lose our ability to generalize our findings to all sites nationally. Rather, a study based on volunteer LWIAs would be able to provide estimates of the impacts of WIA services on participants at those sites only. Basing our study on randomly selected LWIAs will enable us to comment on the effects of the programs nationwide. Hence, the participation of each of the selected LWIAs is essential for the highest quality study.

How were the study LWIAs selected?

The computer randomly selected the LWIAs within certain strata. The strata were defined to ensure regional representation and LWIA diversity on important dimensions, such as size and the rate at which customers received training.

How does participating in the study benefit the LWIA?

Participating LWIAs will benefit in several ways. First, they will have opportunities to provide policy input to senior DOL administrators and belong to a learning community with other study sites. Early in the study, we will convene a meeting of participating sites, DOL, and evaluation staff in Arlington, VA. Second, the study will provide each LWIA with site-specific information, including site-specific impacts of the Adult and Dislocated Worker programs. Site-specific information will only be shared with the site. Third, the study will provide financial compensation to each participating site. Finally, the study sites will be contributing important information about the WIA-funded services that will benefit the national workforce investment system.

Why do customers have to be randomly assigned?

Researchers use random assignment of customers to research groups because it has proven to be the best and most feasible design for credibly and reliably answering questions about the effectiveness of social programs and policy interventions. Without random assignment, it is very difficult to provide study findings that policymakers and other stakeholders will believe.

In the current situation of great need for services and limited public resources, random assignment is also a fair way to allocate the resources that are available. The assignment process works like a lottery, so each participant has an equal chance of ending up in one of the research groups. Because this process is completely random, each of the study's research groups contains essentially identical groups of people on average and the only difference is the type of services they are allowed to receive. Alternative designs are not as credible at providing comparable research groups.

What services can customers in the "control group" receive?

The study has no real control group. All eligible customers will be assigned to one of three study groups that are defined by the WIA services they are able to access: (1) all WIA services, (2) core and intensive services, and (3) core services. All study participants will have access to at least WIA core services and will be able to access any services not provided by the WIA Adult and Dislocated Worker programs. For instance, an adult assigned to the core-only group cannot participate in any WIA-funded intensive activities or in WIA-funded training. However, the same adult can still enroll in training that is not coordinated by a WIA case manager or funded through WIA.

How can we deny services to customers now when the need is so great?

Understandably, staff often find it difficult to deny services to customers. However, the study was designed to balance two objectives: (1) to conduct a study that fulfills the mandate for a rigorous evaluation of WIA and (2) to maximize the number of customers in the study who have access to the full set of WIA-funded services. The study is rigorous because customers will be randomly assigned to one of the research groups. Since the groups will be identical except for their ability to access different levels of WIA-funded services, any differences in outcomes between the groups will be attributable to the WIA services. To meet the second objective, the study design allows most adult and dislocated worker customers to have access to the full set of WIA-funded services. Only small percentages of customers will be restricted to receiving core services or core-and-intensive services.

How will sites be prepared and compensated for the additional responsibilities the study will entail?

DOL and the evaluation team appreciate that the study sites will assume additional tasks to conduct the study. These tasks include collecting initial data on eligible customers and inputting the data into the secure project web-based system to determine customers' study group assignment. Throughout the study, sites will ensure that customers only receive the services available to their study group. Additionally, the study team will request data on the WIA services customers receive and will visit the sites to learn about their processes for delivering WIA-funded services.

We are committed to working closely with each site in order to limit the disruptions that these evaluation tasks might cause. This will ensure that the evaluation is studying the WIA Adult and Dislocated Worker programs as they are and not modified to accommodate the evaluation. The study's liaisons will ask each site about its current procedures and the responsibilities of different staff. Using this information, the liaison will customize the evaluation for each site to minimize disruptions to regular operating procedures. In addition, the evaluation team will train site staff on evaluation procedures and provide ongoing technical assistance.

Nevertheless, we understand that the study places additional responsibilities on staff. For that reason, DOL will compensate each site for participating in the study.

The Workforce Investment Act Adult and Dislocated Worker Programs Gold Standard Evaluation

[SITE] Workforce Investment Board Meeting

[DATE]

[PRESENTERS]

SPR SOCIAL POLICY RESEARCH ASSOCIATES

MATHEMATICA Policy Research, Inc.

mdrc BUILDING KNOWLEDGE TO IMPROVE SOCIAL POLICY

CSW Corporation for a Skilled Workforce

Motivation

Why Conduct the Study?

- Congress mandated a rigorous evaluation in WIA legislation
- OMB, GAO, & DOL want evidence of effectiveness
- Results can led to program improvements

Purpose of the Evaluation

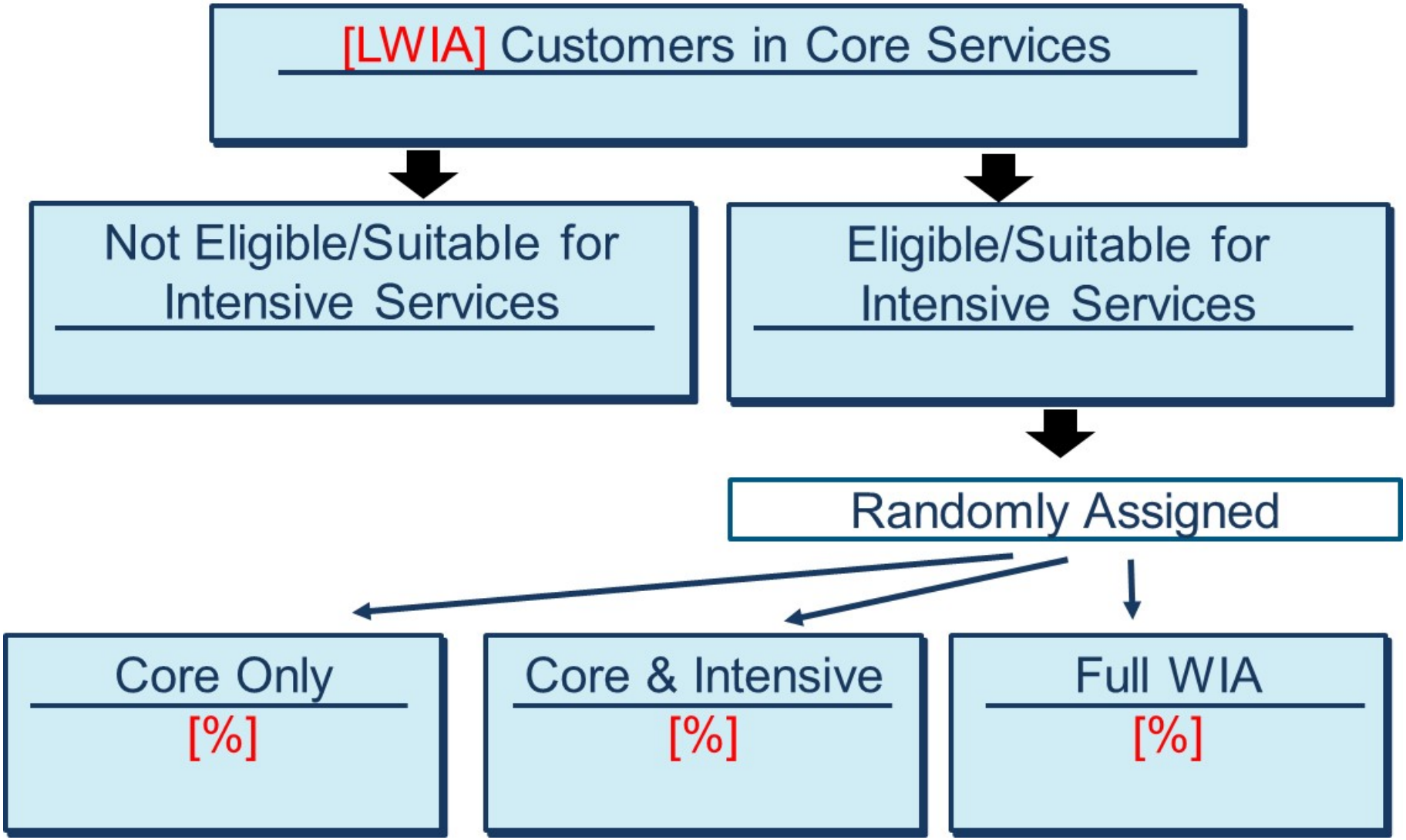
What Will We Learn?

- **How the intensive and training services provided through WIA funding affect the employment and earnings of adult and dislocated workers—*nationwide.***
  - **For whom are WIA services most beneficial**
  - **Whether benefits vary by how services are provided**

Process for Conducting the Evaluation

- **30 LWIAs randomly selected to participate**
- **Eligible customers seeking WIA-funded services *beyond core* are *randomly assigned* to 3 groups:**
  - **Full-WIA group: access to all WIA-funded services**
  - **Core-and-intensive group: access to all WIA-funded services except training**
  - **Core-only group: access only to core services**
- **Low rate assigned to the restricted-service groups**
- **12- to 18-month period of random assignment**
- **Tailor the experiment for each LWIA**

Research Groups and Their Sizes in LWIA



SPR SOCIAL POLICY RESEARCH ASSOCIATES

mdrc BUILDING KNOWLEDGE TO IMPROVE SOCIAL POLICY

CSW Corporation for a Skilled Workforce

MATHEMATICA Policy Research, Inc.

Data Collection

- Baseline information on customers prior to random assignment
- LWIA information (collected on site visits)
- Follow-up surveys of a subset of customers at 15 and 30 months
- Service receipt data
- UI wage and benefit records

Analysis Components

- **Impact Analysis**
  - Whether and to what extent differences exist in outcomes between study groups
- **Cost-Benefit Analysis**
  - Are WIA intensive and training services cost effective
- **Implementation Analysis**
  - What is the context and service environment
  - What WIA services are delivered and how

Support from the Research Team

- **Development of study procedures that are tailored to your existing operations**
- **Training for all staff**
- **Real-time technical assistance during the study**
- **Financial compensation**

Activities and Timeline

Training for LWIAs	May – Aug 2011
Customer intake period	July 2011 – Dec 2012
Feedback to sites	Begins 6 months after intake period begins
Implementation report	Winter 2012/2013
Monitor assignments	May 2011 – Dec 2013
Short-term impact report	2014
Final report	2015

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APPENDIX C

STUDY ELIGIBILITY CHECKLIST

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FOR COUNSELOR USE ONLY:

STUDY ID #: |__|__|__|__|__|__|__|__|

OMB Control No.: 1205-0482
Expiration Date: 09/30/2014

STUDY ELIGIBILITY CHECKLIST

Complete this checklist for every NEW customer who:

1. is eligible for and in need of intensive services, and
2. would be provided intensive services through the local Adult or Dislocated Worker program (using WIA formula funded local dollars), and will not be served SOLELY by other non-formula funded programs, including [include name(s) of non local Adult and Dislocated Worker formula funded programs].

☞ IF CUSTOMER DOES NOT MEET THE ABOVE CRITERIA → STOP

☞ IF CUSTOMER MEETS THE ABOVE CRITERIA →CONTINUE BELOW

Today's Date: |__|__| / |__|__| / |2|0|__|__|

LWIA Name: *(Pre-Printed)*

Center Name: _____ **Staff Name:** _____

Customer Name: _____ _____ _____
First M.I. Last

	MARK ONE BOX FOR EACH	
	Yes	No
A. IS THIS CUSTOMER **UNDER** 18 YEARS OF AGE?	☐	☐
B. IS THIS CUSTOMER A VETERAN OR A COVERED SPOUSE OF A VETERAN?	☐	☐
C. HAS THIS CUSTOMER BEEN REFERRED BY AN EMPLOYER FOR AN OJT SLOT?	☐	☐
D. IS THIS CUSTOMER PARTICIPATING IN:		
1. The Trade Adjustment Assistance (TAA) Program?	☐	☐
2. An Incumbent Worker Program?	☐	☐
3. Other *(Specify):*_____	☐	☐

If the answer to ANY question is YES (shaded box), this customer is NOT ELIGIBLE for the study and should NOT complete any other study forms OR be submitted for random assignment.

If the answer to ALL questions is NO, this customer is eligible for the study. Conduct the study orientation and ask the customer to complete the consent form.

MARK ONE

☐ CUSTOMER SIGNED CONSENT FORM ⟶ STUDY ELIGIBLE CUSTOMER COMPLETES FORMS, READY FOR RANDOM ASSIGNMENT

☐ CUSTOMER DID NOT SIGN CONSENT FORM → STUDY ELIGIBLE CUSTOMER SHOULD NOT COMPLETE FORMS AND CANNOT BE RANDOMLY ASSIGNED. ELIGIBLE FOR CORE SERVICES ONLY

APPENDIX D

CONSENT TO PARTICIPATE

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FOR COUNSELOR USE ONLY:

Study ID #: |___|___|___|___|___|___|___|___|___|

OMB Control No.: 1205-0482
Expiration Date: 09/30/2014

CONSENT TO PARTICIPATE

The U.S. Department of Labor is sponsoring a study of some of its employment and training programs that serve adults and dislocated workers, to learn how well these programs are working and how they can be improved. The national study, called the Workforce Investment Act (WIA) Adult and Dislocated Worker Programs Gold Standard Evaluation, is being conducted by a team of researchers at Mathematica Policy Research, Social Policy Research Associates, and MDRC.

By signing this consent form, you are agreeing to take part in this very important study. As a participant in this study, the following will happen:

- A computer will assign you to one of three groups. Your placement in one of these groups is like a lottery—it will be decided completely by chance and will not be affected by any of your characteristics. The group you are assigned to will affect the services you can access for 15 months. The three groups are:

  1. Full-WIA Group: If you are assigned to this group, you will have access to all of the WIA services normally available to you. This may include access to WIA training funds to help pay for training at a state-approved provider, if Center staff determine it is available and appropriate for you. Most people will be assigned to this group.

  2. Core-and-Intensive Group: If you are assigned to this group, you will have access to all of the WIA services, if available and appropriate, ***except*** WIA-funded training.

  3. Core Group: If you are assigned to this group, you will have access to core services. Core services include services in the resource room such as job listings and access to the Internet. You will ***not*** have access to WIA services that require substantial staff time or to WIA-funded training.

- The decision to participate in the study is up to you. If you decide not to participate, you will only have access to core services. You may terminate your participation in the study at any time by writing to the WIA Evaluation, Mathematica Policy Research, P.O. Box 2393, Princeton, New Jersey 08543-2393 or to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Ave., NW, Room N-5641, Washington, DC 20210. Any information we collect about you prior to your termination request will be used for research purposes.
- You may be contacted by an interviewer from Mathematica to complete two interviews by telephone over the next few years. These interviews are voluntary, but they are very important to the success of the study. You will receive a payment for each interview you complete.
- Government agencies such as the Social Security Administration, Unemployment Insurance agencies, Employment Service, and agencies that administer the Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and WIA programs may share information with the research team about your earnings and government services and benefits you receive for up to 10 years.
- All information that is collected about you through interviews or agency records will be used for research purposes only. The information will be kept confidential in accordance with the Privacy Act of 1974 (5 USC 522a), Systems of Record Notices DOL/ETA-15, unless the law requires otherwise, or you request release of your information in writing. Your name will never be used in any reports and no information will be reported in any way that can identify you.

I have read this consent form (or it has been read to me). I understand the information provided in these materials and voluntarily agree to participate. If I have questions I can call the study toll-free number at 1-800-925-0356.

_____	|____|____|____|____|
CUSTOMER'S NAME (Printed)	SOCIAL SECURITY NUMBER—LAST 4 DIGITS ONLY
_____	_____
CUSTOMER'S SIGNATURE	DATE

Public Burden Statement

Completing this document, which seeks to help the U.S. Department of Labor understand the effects of WIA-funded services on customers' employment-related outcomes, is voluntary. The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC 20210.

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APPENDIX E

STUDY REGISTRATION FORM AND CONTACT INFORMATION FORM

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FOR COUNSELOR USE ONLY:
Study ID #: |__|__|__|__|__|__|__|__|__|__|

WIA Adult and Dislocated Worker Programs | **Gold Standard Evaluation**

STUDY REGISTRATION FORM

OMB Control No.: 1205-0482
Expiration Date: 09/30/2014

Use black or blue ink to complete this form. Make heavy dark marks that fill the square completely.

Correct Mark ☐ ☐ ■ ☐ ☐

Incorrect Marks ☑ ☒ ◯

Please PRINT where applicable. Enter only one number per box. |_1_|_9_|

1. Today's Date: |__|__| / |__|__| / |_2_|_0_|__|__|
Month Day Year

2. Name:

_____ _____ _____
First Name MI Last Name

2a. Maiden Name:

_____

3. Address:

_____ |__|__|__|__|
Street Apt. #

_____ |__|__| |__|__|__|__|__|
City State ZIP Code

4. Date of Birth: |__|__| / |__|__| / |_1_|_9_|__|__|
Month Day Year

5. Social Security Number:

|__|__|__| - |__|__| - |__|__|__|__|

FOR COUNSELOR USE ONLY

A. LWIA Name: _____

B. Center Name: _____

C. WIA Counselor's Name: _____
First Name MI Last Name

D. Customer's Qualification status:
1 ☐ D
2 ☐ A

E. Training:
1 ☐ VL
2 ☐ SL
3 ☐ SU
4 ☐ VU

F. Provider:
1 ☐ C.C./T.C. - 2-yr.
2 ☐ P
3 ☐ U/C - 4-yr.
4 ☐ O (Write in): _____

6. Gender:

1 ☐ Male
2 ☐ Female

7. Home Phone Number:

IF NONE, MARK HERE → ☐

(|__|__|__|) - |__|__|__| - |__|__|__|__|
Area Code

Under whose name is that phone listed?
1 ☐ My own name 2 ☐ Someone else's name (Write in):

_____ _____
First Name Last Name

8. Cell Phone Number:

IF NONE, MARK HERE → ☐

(|__|__|__|) - |__|__|__| - |__|__|__|__|
Area Code

9. Email Address: _____

10. Are you of Hispanic, Latino, or Spanish origin?

1 ☐ Yes
0 ☐ No

11. What is your race?

MARK ONE OR MORE BOXES
1 ☐ White
2 ☐ Black or African American
3 ☐ American Indian or Alaska Native
4 ☐ Asian
5 ☐ Native Hawaiian or Pacific Islander

12. What is your primary spoken language?

MARK ONE BOX
1 ☐ English
2 ☐ Spanish
3 ☐ Other (Write in): _____

13. What is your marital status right now?

MARK ONE BOX
1 ☐ Married
2 ☐ Separated
3 ☐ Divorced
4 ☐ Widowed
5 ☐ Never married

CONTINUE ON BACK ►

14. INCLUDING YOURSELF, how many people live with you? (Please include babies, small children, people who are not related to you, and people who are temporarily away.)

|__|__| # OF PEOPLE LIVING WITH YOU, INCLUDING YOU

15. Which of the following degrees, diplomas, or certificates have you received?

MARK ALL THAT APPLY

1 ☐ None
2 ☐ Elementary, Middle, or Junior High diploma
3 ☐ High School Diploma
4 ☐ Adult Basic Education (ABE) certificate
5 ☐ General Educational Development (GED)
6 ☐ Vocational/Technical degree or certificate
7 ☐ Business degree/certificate
8 ☐ Associates degree (AA)
9 ☐ Bachelor's degree or equivalent (BA/BS)
10 ☐ Master's degree or equivalent (MA/MS)
11 ☐ Doctor's degree (MD, Ph.D.)
12 ☐ Other professional degree/certificate
13 ☐ Other (Write in):

_____

16. Do you have any health problems—mental, physical, or emotional—or substance abuse problems that limit the kind or amount of work or training that you can do?

1 ☐ Yes
0 ☐ No

17. Have you had a job in the past five years?

1 ☐ Yes
0 ☐ No → **GO TO #24**

18. Are you currently working?

1 ☐ Yes → **GO TO #20**
0 ☐ No

19. In what month and year did your last job end?

|__|__| / |_2_|_0_|__|__| → **GO TO #20**
Month Year

ANSWER QUESTIONS 20-23 ABOUT YOUR CURRENT OR MOST RECENT JOB. (If you currently have more than one job or had more than one job recently, give answers about your job with the most hours.)

20. What is the name of your current or former employer?

_____

1 ☐ Self-employed

21. What are (or were) your main duties at this company? PLEASE BE SPECIFIC

_____

_____

_____

22. How many hours per week do (or did) you usually work at your main job?

|__|__| HOURS PER WEEK

23. What was your current or most recent rate of pay, before taxes and deductions at your main job?

$ |__|__|__|,|__|__|__| • |__|__| PER
Dollars Cents

(if pay varies, enter an average amount)

MARK ONE BOX

1 ☐ Hour
2 ☐ Week
3 ☐ Every 2 weeks
4 ☐ Twice per month
5 ☐ Year
6 ☐ Other (Write in): _____

24. Do you or anyone in your household currently receive assistance from any of the following programs?

MARK ALL THAT APPLY

1 ☐ TANF (Cash assistance)
2 ☐ SSI or SSDI
3 ☐ General Assistance
4 ☐ SNAP (Food Stamps)
5 ☐ Unemployment Compensation
6 ☐ Other (Write in): _____
0 ☐ **IF NONE, MARK HERE**

25. In the past, have you ever used services at this Center or one similar to it?

1 ☐ Yes
0 ☐ No

Thank you for completing this form. Please return it to your WIA counselor.

CONTACT INFORMATION FORM

FOR COUNSELOR USE ONLY:

STUDY ID #: |__|__|__|__|__|__|__|__|__|

OMB Control No.: 1205-0482
Expiration Date: 09/30/2014

Please print clearly. Use blue or black ink only.

APPLICANT INFORMATION

1. Name:

First Name _____ Middle Initial _____ Last Name _____

2. Social Security Number—Last 4 Digits only:

|__|__|__|__|

CONTACT INFORMATION - RELATIVES AND FRIENDS

INSTRUCTIONS: In the space below, please provide the name, address, email address, and phone number(s) of three close relatives or friends who **do not live with you** but who are likely to know how to contact you in the next year. We will only contact these people if we cannot reach you directly. Please complete all three sections.

3. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ Apt. No. |__|__|__|__|

City _____ State |__|__| Zip Code |__|__|__|__|__|

RELATIONSHIP TO APPLICANT: ■ MARK ONE BELOW

1 □ Parent
2 □ Grandparent
3 □ Brother/Sister
4 □ Friend/Neighbor
5 □ Employer
6 □ Other _____

TELEPHONE AND EMAIL:

Home (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Number

Cell (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Number

Work (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Number

Email Address _____

4. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ Apt. No. |__|__|__|__|

City _____ State |__|__| Zip Code |__|__|__|__|__|

RELATIONSHIP TO APPLICANT: ■ MARK ONE BELOW

1 □ Parent
2 □ Grandparent
3 □ Brother/Sister
4 □ Friend/Neighbor
5 □ Employer
6 □ Other _____

TELEPHONE AND EMAIL:

Home (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Number

Cell (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Number

Work (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Number

Email Address _____

5. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ Apt. No. |__|__|__|__|

City _____ State |__|__| Zip Code |__|__|__|__|__|

RELATIONSHIP TO APPLICANT: ■ MARK ONE BELOW

1 □ Parent
2 □ Grandparent
3 □ Brother/Sister
4 □ Friend/Neighbor
5 □ Employer
6 □ Other _____

TELEPHONE AND EMAIL:

Home (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Number

Cell (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Number

Work (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Number

Email Address _____

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APPENDIX F

SAMPLE CUSTOMER LETTER AND LIST OF AVAILABLE SERVICES FOR CORE GROUP CORE AND INTENSIVE, AND FULL WIA GROUPS

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Sample Customer Letter and List of Available Services for Core Group

WIA Adult and Dislocated Worker Programs | Gold Standard Evaluation

[DATE of RA]

[Customer's First Name Last Name]
[Customer's Street Address]
[Customer's City, State, Zip]

Dear [Customer's First Name Last Name]:

Welcome to the U.S. Department of Labor's study of the nation's employment and training programs funded through the Workforce Investment Act (WIA). WIA provides funding for core, intensive, and training services available at your local One-Stop Career Center. This national study, called the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation, will help us to learn how well these services are working and how they can be improved.

By signing the Consent Form, you agreed to take part in this very important study and to allow a computer to assign you to one of three groups. Your group assignment was decided completely by chance and was not affected by any of your personal characteristics. The group you are assigned to will determine the WIA services you can access for the next 15 months, until [date fifteen months from date of RA].

You have been assigned to the:

> **Core Group:** You have access to all WIA services, if available and appropriate, except WIA-funded training and intensive services. A list of the core services that are available to you is attached to this letter.

We encourage you to access the WIA services described in the attached list to help you in your employment efforts. Should you have questions or concerns about the study that One-Stop Career Center staff cannot address, please contact the study team at (800) 925-0356. To withdraw from the study, please write to WIA Evaluation, Mathematica Policy Research, P.O. Box 2393, Princeton, New Jersey 08543-2393 or to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Ave., NW, Room N-5641, Washington, DC 20210.

Thank you for your participation in this important project.

Sincerely,

Eileen Pederson

Eileen Pederson
Federal Project Officer
Employment and Training Administration
U.S. Department of Labor

Services Available for Customers in the Core Group
Orientation to WIA and One-Stop services
Referrals to UI, other One-Stop partners, and community agencies
TABE Test
All resource room services
Preliminary assessment with career counselor
Eligibility appointment
Use of Resource Room
- Aztec Learning System software
- Illinois WorkNet
Selected workshops open to everyone
- Job readiness
- Interviewing skills
- Profession writing
- Resume basics
- Job retention
- Basic computer
Development of an IEP
Discussions with a career counselor
Placement services

Note: For more information on any of these services, please visit the resource room. In addition, you may be eligible for services provided by other programs

Sample Customer Letter and List of Available Services for Core-and-Intensive Group

WIA Adult and Dislocated Worker Programs | Gold Standard Evaluation

[DATE of RA]

[Customer's First Name Last Name]
[Customer's Street Address]
[Customer's City, State, Zip]

Dear [Customer's First Name Last Name]:

Welcome to the U.S. Department of Labor's study of the nation's employment and training programs funded through the Workforce Investment Act (WIA). WIA provides funding for core, intensive, and training services available at your local One-Stop Career Center. This national study, called the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation, will help us to learn how well these services are working and how they can be improved.

By signing the Consent Form, you agreed to take part in this very important study and to allow a computer to assign you to one of three groups. Your group assignment was decided completely by chance and was not affected by any of your personal characteristics. The group you are assigned to will determine the WIA services you can access for the next 15 months, until [date fifteen months from date of RA].

You have been assigned to the:

> **Core-and-Intensive Group:** You have access to all WIA services, if available and appropriate, except WIA-funded training. A list of the core and intensive services that are available to you is attached to this letter.

We encourage you to access the WIA services described in the attached list to help you in your employment efforts. Should you have questions or concerns about the study that the One-Stop Career Center staff cannot address, please contact the study team at (800) 925-0356. To withdraw from the study, please write to WIA Evaluation, Mathematica Policy Research, P.O. Box 2393, Princeton, New Jersey 08543-2393 or to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Ave., NW, Room N-5641, Washington, DC 20210.

Thank you for your participation in this important project.

Sincerely,

Eileen Pederson

Eileen Pederson
Federal Project Officer
Employment and Training Administration
U.S. Department of Labor

Services Available for Customers in the Core-and-Intensive Group
Orientation to WIA and One-Stop services
Referrals to UI, other One-Stop partners, and community agencies
TABE Test
All resource room services
Preliminary assessment with career counselor
Eligibility appointment
Use of Resource Room
- Aztec Learning System software
- Illinois WorkNet
Selected workshops open to everyone
- Job readiness
- Interviewing skills
- Profession writing
- Resume basics
- Job retention
- Basic computer
Development of an IEP
Discussions with a career counselor
Placement services

Note: For more information on any of these services, please visit the resource room. In addition, you may be eligible for services provided by other programs

Sample Customer Letter for Full-WIA Group

WIA Adult and Dislocated Worker Programs | Gold Standard Evaluation

[DATE of RA]

[Customer's First Name Last Name]
[Customer's Street Address]
[Customer's City, State, Zip]

Dear [Customer's First Name Last Name]:

Welcome to the U.S. Department of Labor's study of the nation's employment and training programs funded through the Workforce Investment Act (WIA). WIA provides funding for core, intensive, and training services available at your local One-Stop Career Center. This national study, called the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation, will help us to learn how well these services are working and how they can be improved.

By signing the Consent Form, you agreed to take part in this very important study and to allow a computer to assign you to one of three groups. Your group assignment was decided completely by chance and was not affected by any of your personal characteristics. The group you are assigned to will determine the WIA services you can access for the next 15 months, until [date fifteen months from date of RA].

You have been assigned to the:

> **Full-WIA Group:** You have access to all of the WIA services normally available to WIA customers. This includes access to WIA training funds to help pay for training at a state-approved provider, if available and appropriate. A staff member at the One-Stop Career Center can explain these services to you.

We encourage you to access WIA services to help you in your employment efforts. Should you have questions or concerns about the study that One-Stop Career Center staff cannot address, please contact the study team at (800) 925-0356. To withdraw from the study, please write to WIA Evaluation, Mathematica Policy Research, P.O. Box 2393, Princeton, New Jersey 08543-2393 or to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Ave., NW, Room N-5641, Washington, DC 20210.

Thank you for your participation in this important project.

Sincerely,

Eileen Pederson

Eileen Pederson
Federal Project Officer
Employment and Training Administration
U.S. Department of Labor

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APPENDIX G

COVER SHEET FOR REGISTRATION FORMS

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COVER SHEET FOR REGISTRATION FORMS

Customer Name: [MERGE CUSTOMER NAME]

Study ID: [MERGE ID #]

Random Assignment Group: [MERGE RA GROUP]

LWIA Name: [MERGE LWIA NAME]

Center Name: [MERGE CENTER NAME]

[MERGE BAR CODE AND NUMBERS]

PLEASE CLIP (DO NOT STAPLE) THIS COVER PAGE TO THE TOP OF THE CUSTOMER'S REGISTRATION PACKET, IN THE ORDER LISTED BELOW:

Study Eligibility Checklist

Consent Form

Study Registration Form

Contact Information Form

Date: [MERGE DATE PRINTED]

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APPENDIX H

RANDOM ASSIGNMENT SYSTEM DETAILS

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The online random assignment system was designed to be user-friendly, ensure data quality, safeguard customers' personally identifiable information, and be supported by a robust random assignment algorithm. This appendix describes the features of the system as an intake staff person would interact with it, discusses the measures taken to safeguard personally identifiable information, and describes the features of the random assignment algorithm. The appendix concludes with a description of testing procedures put in place to ensure the system functioned as intended.

A. How intake staff used the system

Intake staff entered a small amount of information into the random assignment system once the customer had consented to participate in the study and completed the study registration form. Figure H.1 shows a screenshot of the first page that staff saw after signing into the random assignment system with their logins and passwords (note that all information in screenshots is fictional). The menu bar on the left side allowed them to access each major function. The "Add new customer" link brought staff to a page where they entered a subset of information from the customer's completed study registration form and performed random assignment. We considered having intake staff add all information from the study registration form into the random assignment system; this approach would have provided the study team with immediate access to full electronic baseline information on customers, obviating the need for later data entry. However, requiring intake staff to enter all fields of the study registration form into the random assignment system would have disrupted normal program procedures and placed too much burden on local staff.

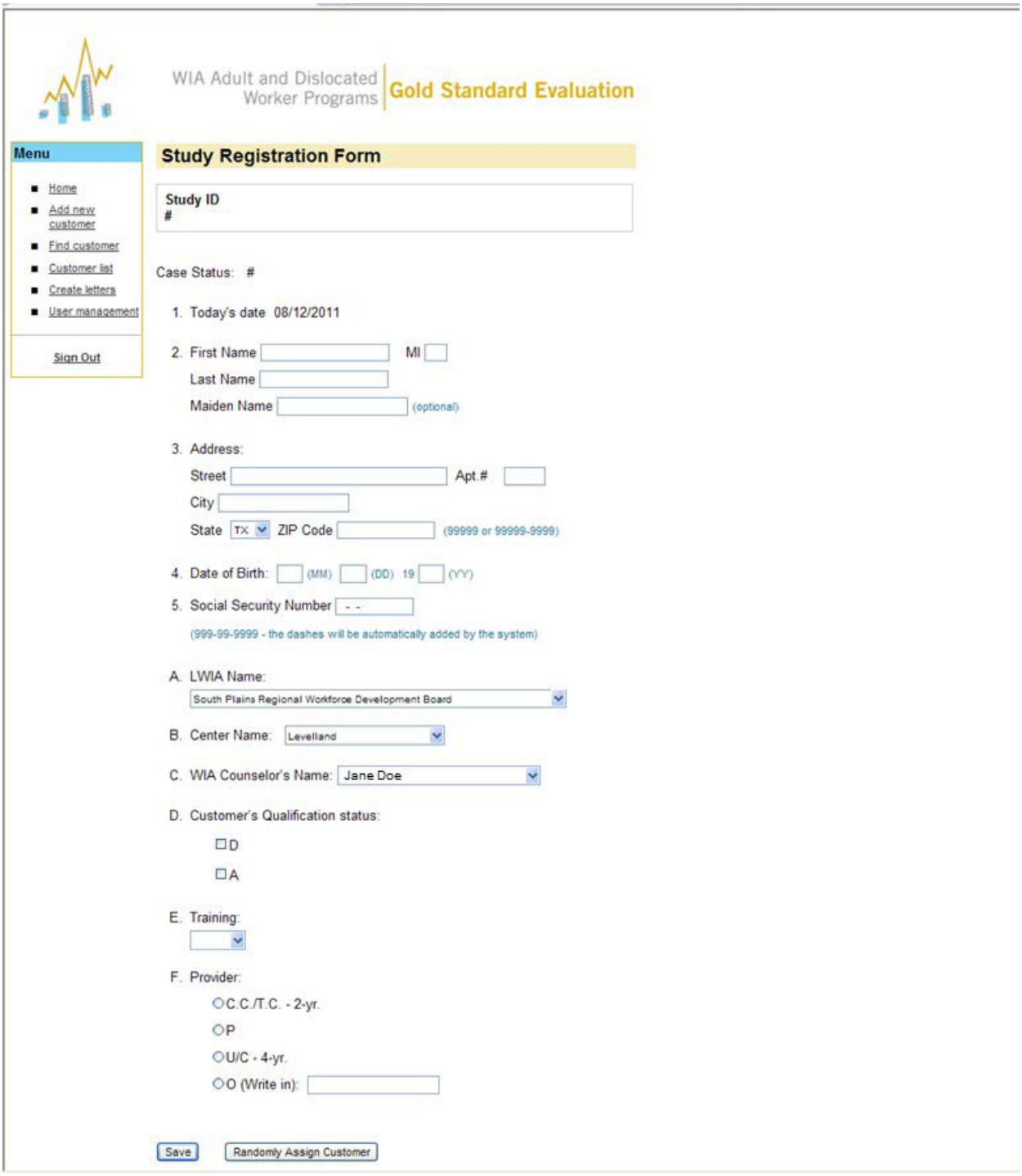
Figure H.1. The random assignment system welcome page

Only key information needed for random assignment was entered into the random assignment system; the hard copy study registration and contact information forms were sent to Mathematica for processing. The key fields from the study registration form were limited to basic customer identifiers (name, date of birth, and social security number), customer's address, information on where and by whom the customer was enrolled in the study, information on whether the customer was in the Dislocated Worker or Adult program, and intake staff's expectations for customers' subsequent training receipt (Figure H.2).

To further simplify the random assignment process for local area staff, we also designed the random assignment system to automatically fill the following fields:

- **Key fields using the login information of the user.** The local area staff's user accounts were linked to the AJC at which they worked, which was in turn linked to the associated local area. Thus, the random assignment system already had the information to complete local area, AJC, and intake staff name based on the user's login information.
- **Customer's city and state, using zip code information.** Intake staff had the option of entering only the customer's zip code rather than city, state, and zip code. The random assignment system then used Melissa Data Address Verification to link the zip code with the associated city and state.

Figure H.2. Study Registration Form page



To ensure data quality, the random assignment system was programmed to conduct different checks of the data entered. The first set of checks ensured that data were entered correctly. These checks looked for:

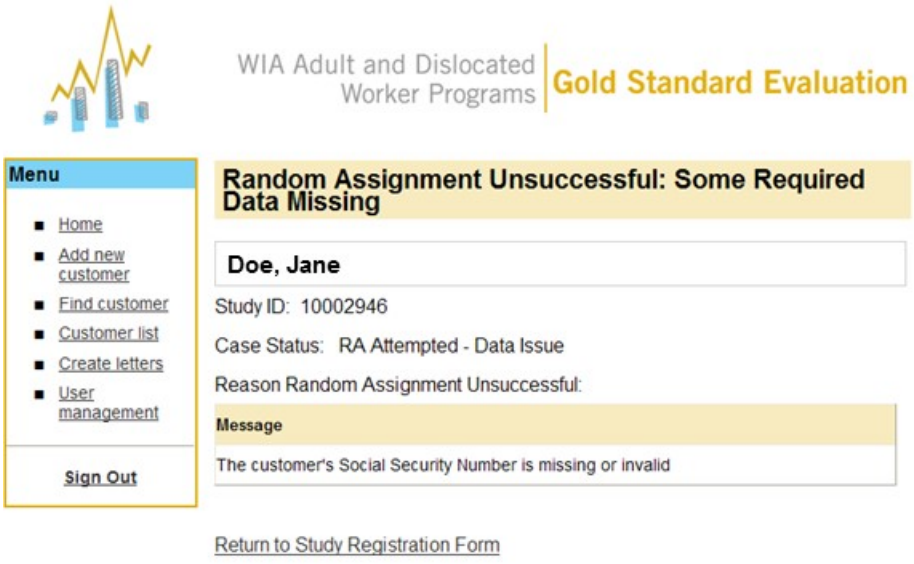
- Mismatches between state and zip code
- Incorrect number of digits in the zip code
- Implausible birth days, months, or years (for example, a month greater than 12)
- A birth date earlier than 18 years prior to the current data (because customers under age 18 were not eligible for the study)
- Social security numbers that started with 9 (because the Social Security Administration does not issue such numbers)

Figure H.3 shows an example of the flag (the red circle with an exclamation mark next to the erroneous zip code value) that the random assignment system generated when a check failed. The text box shown in the figure appeared when the user dragged the mouse over the flag, detailing the source of the error.

Figure H.3. Example of an error alert

The second set of checks was to confirm that all required fields had been entered for random assignment. (Middle initial, maiden name, and apartment number were not required fields.) If the intake staff member pressed the random assignment button without entering data in all required fields, the customer would not be assigned to a study group. Rather, the staff member would be instructed to add the missing information (Figure H.4).

Figure H.4. Example of unsuccessful study group assignment due to missing data

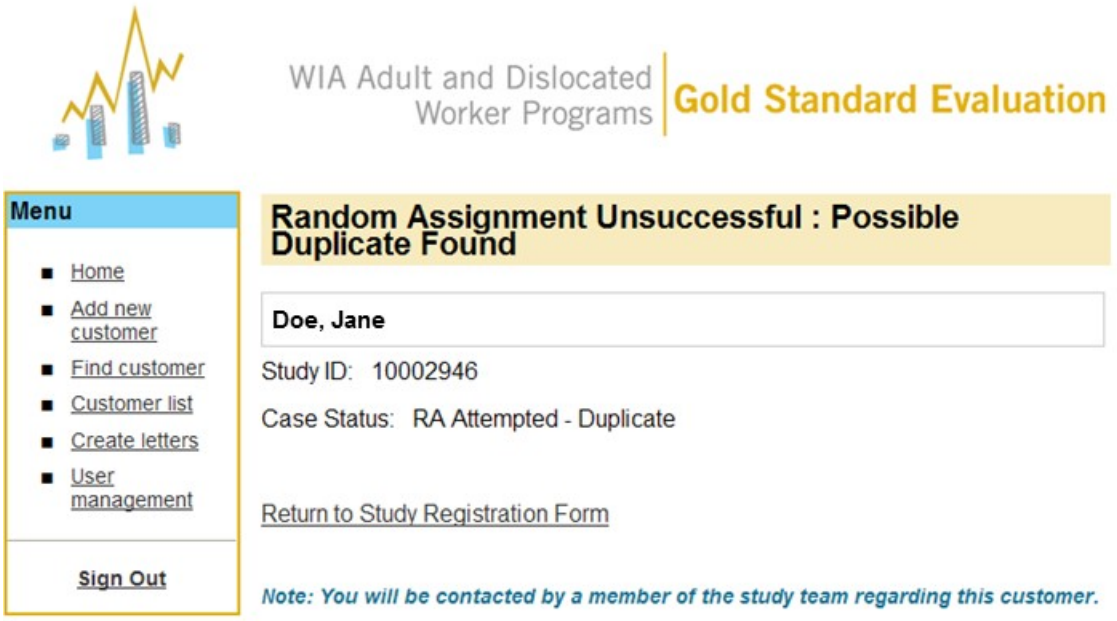


B. Verifying that the customer was not already in the study

Before random assignment was conducted, the system verified whether the customer had already been enrolled in the study. When a staff member pressed the random assignment button, the system compared the identifying information of the customer being assigned with all existing records of previously assigned customers. It would not perform random assignment if it found a match between the new record and the existing record of an assigned customer in *any* local area in the study on one or more of the following three criteria: (1) nine-digit social security number; (2) first name, last name, and date of birth; (3) date of birth and last four digits of social security number.

If the random assignment system found a match on one or more of the three criteria, the staff member would see a screen that described the problem (see Figure H.5). The random assignment system would immediately send a notification email to the local area's liaison and, if the duplicate was identified in another local area, to that local area's liaison. The liaison or another study team member would gather additional information from the intake staff member who had attempted to randomize the customer to determine whether the customer really had already been randomly assigned or it was a false alarm; a false alarm could be triggered if information about a customer had been entered incorrectly into the random assignment system or if there were multiple people with the same reported name, date of birth, or social security number. Note that customers were assigned a unique study ID when random assignment was attempted, even if random assignment was not successful for one of the reasons identified previously. This method allowed the system to save the record so that local area staff and/or study staff could access it once the issues had been resolved.

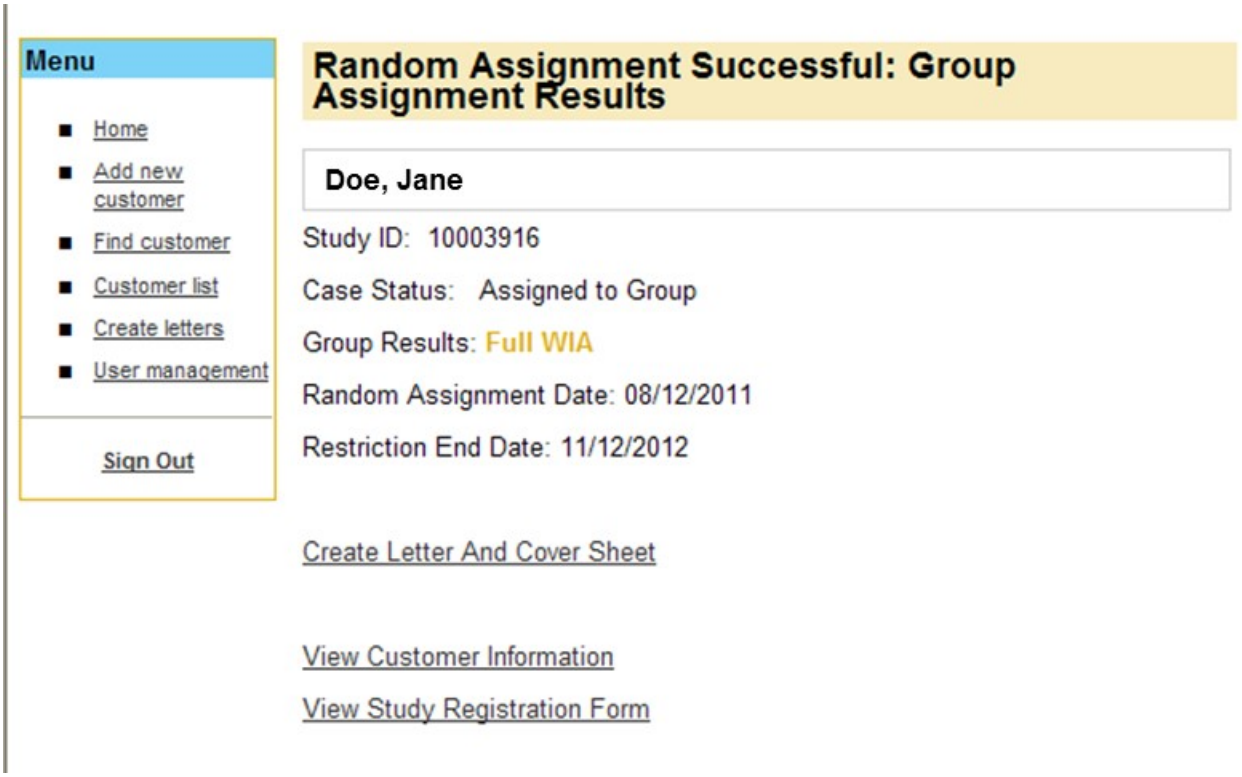
Figure H.5. Example of an unsuccessful study group assignment due to duplication



C. Notifying the staff member and customer of the random assignment result

After successfully performing random assignment, the system displayed the random assignment results in bold gold letters so that it was immediately visible on the screen (see Figure H.6 for an example). This page also contained a link where the intake staff could print a letter to give to the customer. This letter documented the results of random assignment and informed customers of the services they were eligible to receive. To protect the integrity of the data, staff were not able to change customer information after random assignment. If staff identified an error or need to update to the customer's contact information, they were instructed to contact the local area liaison or counselor help line to request that the change be made.

Figure H.6. Results screen after successful random assignment



D. Searching customer records

Local area staff and the study team could also use the system to search for existing customers' records. A search might be needed for intake staff to determine whether a customer was already in the study and, if so, his or her study group assignment. The study team may have also needed to look up customer records to assist staff in local areas and to correct customer information that had been entered incorrectly.

Intake staff with appropriate access permissions could search customer records using the following identifiers: study ID, name (first and last), last four digits of social security number, and day and month of birth. Intake staff clicked on the menu bar's "Find customer" link and entered the customer identifiers in the fields provided (see Figure H.7). The random assignment system then executed this search across all records in the study. The search results page provided basic information on matching records (see Figure H.8). If the record matched a customer enrolled in the same AJC where the intake staff was located, the staff member could click on the record to access full information on the customer. However, to safeguard personally identifiable information, the random assignment system would not allow intake staff further access to information on customers in other local areas.

Figure H.7. Find a Customer page

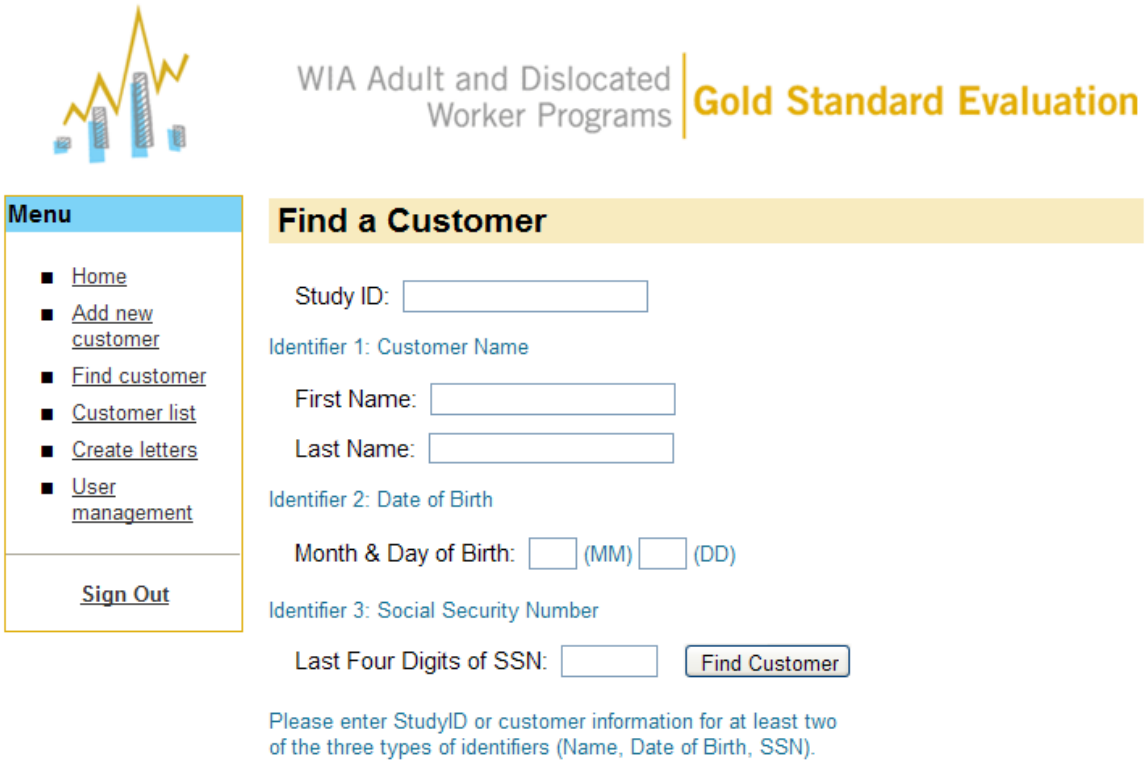


Figure H.8. Find Customer Search Results page

The Get Customer List page (Figure H.9), accessed via the "Customer list" link on the menu bar, permitted intake staff to generate lists of customers enrolled in their own AJC, filtered by any of the following data: enrolling staff member, status of the case, group assignment, and

embargo period end date. The resulting lists, which contained the same basic information as the Find Customer Search Results page, could be sorted by any of the customer characteristics, including last name, study group assignment, and assignment date (Figure H.10). Staff in local area administrative offices could produce lists for customers across all AJCs in the local area, and the study team could create customer lists from any local area.

Figure H.9. Get Customer List page

Figure H.10. Customer List results page

Last Name	First Name	Study ID	Group Assignment	Assignment Date	Case Status	Restriction End Date	Center Name	LWIA
Doe	Jane	10002991			RA Attempted - Duplicate		Crosbyton	SouthPlainsWDB
Doe	Jane	10002988			Saved, not yet Assigned		Crosbyton	SouthPlainsWDB
Doe	Jane	10002975	Full WIA	5/4/2011	Assigned to Group	8/4/2012	Crosbyton	SouthPlainsWDB
Doe	Jane	10002962	Full WIA	5/4/2011	Assigned to Group	8/4/2012	Crosbyton	SouthPlainsWDB

E. Safeguarding personally identifiable information in the system

To protect access to personally identifiable information, the random assignment system was developed with four user levels, each with its own sets of access rights:

1. **Intake staff.** This level of access was typically given to intake staff so that they could add new customers to the study and view complete information on customers randomly assigned in their AJC. They were also given limited access to information on customers from other AJCs in their own local area, but they had no access to information on customers from other local areas participating in the evaluation.
2. **Supervisor.** This level of access was typically given to WIA managers and/or AJC directors. Supervisors had the same access rights as intake staff, but they could also create new intake staff-level accounts as new staff arrived and were trained to implement study procedures. They could also disable accounts for staff members who left their jobs during the course of the study.
3. **Administrator.** This level of access was typically given to staff in the local area's administrative offices and contractors who oversaw operations across AJCs in the local area. Administrators enjoyed the same access rights of supervisors, and could additionally view detailed information for customers across all AJCs and access study-enrollment reports generated by the random assignment system in their local area. Those reports detailed the assignments of customers by month and AJC.
4. **Project administrator.** Only members of the study team were given this level of access. Project administrators could view detailed customer information for customers across all participating local areas. They also had access to reports of studywide enrollment, enrollment by AJC and month in each local area, and customers withdrawn from the study.

In addition to limiting access to customers' personally identifying information, the system further safeguarded information by automatically logging off users after 45 minutes of inactivity. This protection ensured that unauthorized users could not access the system if a staff member walked away from his or her desk or became otherwise occupied. In addition, the unique study ID generated by the system provided a way for staff in the local area and the study team to easily communicate about study participants without using customers' names or other personally identifiable information.

F. Random assignment algorithm

When intake staff pressed the button to randomly assign a customer, the random assignment system produced the assignment results nearly instantaneously. To meet this objective, it conducted random assignment using pre-programmed, randomly generated "strings" of random assignment statuses that were constructed separately by local area and AJC. The random assignment results were obtained sequentially, so that a new customer was assigned the next study group status in the pertinent string.

Each string was composed of a series of "blocks" consisting of codes for the core, core-and-intensive, and full-WIA groups. The block length depended on the sampling rates to the core and core-and-intensive groups; within each block, one core and one core-and-intensive code was randomly ordered using computer-generated random numbers. The strings were constructed in a

way that ensured that the selection of the restricted-services groups would be *evenly spread* over the sample intake period and across AJCs within each local area. Importantly, this design was strongly supported by the local areas and helped allay some of their concerns about random assignment.

The block structure guaranteed the even spread of restricted-services group assignments over time. Each block contained a set of *n* assignment statuses. Each block contained one core assignment and one core-and-intensive assignment. The remaining (*n*-2) assignments were to the full-WIA group. The length of each string was equal to the inverse of the assignment rate to each restricted-services group. So, for example, if the assignment rate to each restricted-services group in a local area was 5 percent (0.05), then each assignment block contained $n = 20$ assignments (1/0.05): one to the core group, one to the core-and-intensive group, and 18 to the full-WIA group.

This block structure helped prevent a "run," in which several restricted-services group assignments occurred in a row for an AJC, spreading the restricted-services group assignments more evenly across the study while maintaining an equal, random probability of assignment for any given customer. The longest possible run that could occur with this block structure was four, which would happen if the two restricted-services group assignment statuses in one block were in the final two slots of the block, and the two restricted-services group assignment statuses in the next block were in that block's first two slots. To further reduce the length of any possible run from four to two, we subdivided each block into two evenly-sized sub-blocks (or as evenly sized as possible if the block contained an odd number of assignment statuses). One sub-block was randomly assigned to contain either that block's core assignment or its core-and-intensive assignment, but not both. So, for example, for a 20-assignment block, we split the block into two sub-blocks of 10 assignments each. The first contained nine full WIA assignments and one restricted-services group assignment (either core or core-and-intensive). The second sub-block also contained nine full WIA assignments, along with one restricted-services group assignment that was not in the first block.

The blocks were appended to one another to form strings at the AJC level within each local area. Giving each AJC its own string, rather than having AJCs draw from a single string created for the local area, prevented any one AJC from ending up with a disproportionately large number of restricted-services group assignments. The string length was created to include far more assignments than the number of customers that any one AJC was expected to enroll, ensuring that no AJC ran out of assignments.

The random assignment process changed after a local area reached either its target core group enrollment or its target core-and-intensive group enrollment. The block structure ensured that enrollment in each of the two restricted-services groups stayed roughly similar, although it could have been slightly higher in one or the other at any given point in time. When a local area met the target for enrollment in one restricted-services group, assignment to that group ended; assignment to the other restricted-services group continued until that target was also met using the existing strings. Therefore, if an assignment status for the restricted-services groups whose target had already been met appeared in the string, the random assignment system instead assigned the customer to the full-WIA group.

When the local area reached both restricted-services group targets, the local area liaison contacted the local area to alert staff that they could end customer intake. This stoppage did not necessarily occur instantaneously upon the assignment of the customer that reached the enrollment target; typically, a few customers were enrolled after the enrollment target was reached. However, once targets had been reached, the random assignment system assigned any and all subsequently enrolled customers to the full-WIA group who were not part of the research sample (that is, these customers could receive the full array of WIA services but were not part of the research sample because random assignment had ended). For 15 months after the last customer was randomly assigned in the local area, local area staff still needed to check for a new customer's research group—either using the random assignment system or their own management information system—to ensure they did not offer services to someone that was not consistent with their assigned group.

G. Testing the random assignment system

Before the start of random assignment, we tested the random assignment system in multiple phases to ensure that functions behaved as planned and to identify ways to make the system more intuitive to users. First, to ensure that all designed elements functioned as intended, the programming team drafted a list of 200 items to test, involving every page and field in the system. Four members of the Mathematica study team—the head programmer and three survey and information services staff members—performed those checks. Staff members checked the functionality of the system under seven operating systems, multiple versions of five browsers, and several screen resolutions.

Second, to test usability of the system and identify bugs, the study team drafted a list of tasks that users would typically perform and a list of things that users might do incorrectly (such as entering erroneous data or randomizing customers without full data), to evaluate how the system reacted. We also instructed testers to try out any other errors they could envision intake staff committing. Four study team members performed these tasks and provided feedback both on errors and on features that could be added or improved to promote ease of use.

After revisions in response to those formal tests, all local area liaisons were trained on the system and given "homework" assignments to familiarize them with it. Those tasks, like those performed in the testing, involved logging in, changing passwords, entering customer information, performing random assignment, printing letters, searching for customer records, creating customer lists, and adding new user accounts, among others.

APPENDIX I

LOCAL AREA-SPECIFIC TABLES FOR CHAPTER V

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Table I.1. Local area-specific consent and eligibility rates

	(1)	(2)	(3)	(4)	(5)	(6)
		Checklist completers not randomly assigned				
Local area	Screened	Found ineligible	Excluded as wild card or for invalid reason	Did not consent	Randomly assigned [1-(2+3+4)]	Share randomly assigned (5)/(1)
Atlanta Region (Georgia)	2,617	132	2	1	2,482	94.8%
Capital Region (New York)	2,116	175	0	75	1,866	88.2%
Central Pennsylvania	1,193	192	3	12	986	82.6%
Central Region (Missouri)	440	125	0	1	314	71.4%
Chautauqua County (New York)	459	132	0	15	312	68.0%
Chicago (Illinois)	1,214	141	1	3	1,069	88.1%
East Tennessee	492	135	1	0	356	72.4%
Essex County (New Jersey)	696	19	7	2	668	96.0%
First Coast (Florida)	1,003	267	0	54	682	68.0%
Fresno County (California)	1,669	68	15	1	1,585	95.0%
Gulf Coast (Texas)	5,991	291	7	6	5,687	94.9%
Indianapolis (Indiana)	3,575	1,058	10	57	2,449	68.5%
Louisville (Kentucky)	1,034	80	0	0	954	92.3%
Lower Savannah (South Carolina)	513	63	0	2	448	87.3%
Muskegon (Michigan)	145	43	0	0	102	70.3%
New Orleans (Louisiana)	784	73	2	110	599	76.4%
New York City	6,435	457	20	475	5,483	85.2%
North Central Texas	1,552	335	0	0	1,217	78.4%
Northwest Pennsylvania	615	220	0	15	380	61.8%
Sacramento (California)	3,041	423	0	13	2,605	85.7%
Santee-Lynches (South Carolina)	490	27	0	18	445	90.8%
Seattle-King County (Washington)	1,112	123	3	1	985	88.6%
South Dakota	1,073	95	0	27	951	88.6%
South Plains (Texas)	113	3	0	0	110	97.3%
Southeast Michigan	622	91	11	13	507	81.5%

Local area	(1) Screened	(2) Checklist completers not randomly assigned: Found ineligible	(3) Checklist completers not randomly assigned: Excluded as wild card or for invalid reason	(4) Checklist completers not randomly assigned: Did not consent	(5) Randomly assigned [1-(2+3+4)]	(6) Share randomly assigned (5)/(1)
Southwest Corner Pennsylvania	338	81	0	5	252	74.6%
Twin Districts (Mississippi)	6,179	4,512	2	14	1,651	26.7%
Waukesha-Ozaukee-Washington Counties (Wisconsin)	702	180	1	1	520	74.1%
Across local areas	**46,213**	**9,542**	**85**	**921**	**35,665**	**77.2%**

Sources: WIA Gold Standard Evaluation's random assignment system database, eligibility checklists, and consent forms.

Table I.2. Actual rates of assignment to study groups, by local area

Local area	Actual assignment rate		
	Core group	Core-and-intensive group	Either restricted-service group
Atlanta Region (Georgia)	0.024	0.025	0.049
Capital Region (New York)	0.055	0.054	0.109
Central Pennsylvania	0.106	0.109	0.215
Central Region (Missouri)	0.150	0.159	0.309
Chautauqua County (New York)	0.064	0.067	0.131
Chicago (Illinois)	0.080	0.078	0.157
East Tennessee	0.146	0.146	0.292
Essex County (New Jersey)	0.022	0.021	0.043
First Coast (Florida)	0.147	0.152	0.299
Fresno County (California)	0.068	0.066	0.133
Gulf Coast (Texas)	0.027	0.027	0.055
Indianapolis (Indiana)	0.048	0.049	0.096
Louisville (Kentucky)	0.087	0.087	0.174
Lower Savannah (South Carolina)	0.172	0.170	0.342
Muskegon (Michigan)	0.118	0.157	0.275
New Orleans (Louisiana)	0.110	0.102	0.212
New York City	0.027	0.026	0.054
North Central Texas	0.067	0.067	0.134
Northwest Pennsylvania	0.142	0.142	0.284
Sacramento (California)	0.050	0.049	0.099
Santee-Lynches (South Carolina)	0.110	0.108	0.218
Seattle-King County (Washington)	0.110	0.116	0.225
South Dakota	0.118	0.122	0.240
South Plains (Texas)	0.173	0.173	0.345
Southeast Michigan	0.158	0.152	0.310

Local area	Actual assignment rate		
	Core group	Core-and-intensive group	Either restricted-service group
Southwest Corner Pennsylvania	0.135	0.127	0.262
Twin Districts (Mississippi)	0.060	0.058	0.118
Waukesha-Ozaukee-Washington Counties (Wisconsin)	0.121	0.117	0.238
Across local areas	**0.061**	**0.061**	**0.122**

Source: WIA Gold Standard Evaluation's random assignment system database.

Table I.3. Attrition by local area

Local area	(1) Randomly assigned	(2) Removed after random assignment: Revoked consent	(3) Removed after random assignment: Study ineligible	(4) Removed after random assignment: Consent form not received	(5) Removed after random assignment: Removed from study	(6) Members of the analysis sample [1-(2+3+4+5)]
Atlanta Region (Georgia)	2,482	1	5	10	0	2,466
Capital Region (New York)	1,866	3	12	13	1	1,837
Central Pennsylvania	986	0	5	3	0	978
Central Region (Missouri)	314	1	2	1	0	310
Chautauqua County (New York)	312	0	3	1	0	308
Chicago (Illinois)	1,069	1	6	12	1	1,049
East Tennessee	356	0	5	0	0	351
Essex County (New Jersey)	668	0	1	0	0	667
First Coast (Florida)	682	9	1	1	0	671
Fresno County (California)	1,585	1	28	8	0	1,548
Gulf Coast (Texas)	5,687	1	38	142	0	5,506
Indianapolis (Indiana)	2,449	3	10	50	0	2,386
Louisville (Kentucky)	954	1	4	10	0	939
Lower Savannah (South Carolina)	448	0	0	3	0	445
Muskegon (Michigan)	102	0	3	0	0	99
New Orleans (Louisiana)	599	0	11	2	0	586
New York City	5,483	12	25	29	1	5,416
North Central Texas	1,217	2	6	6	0	1,203
Northwest Pennsylvania	380	1	6	3	0	370
Sacramento (California)	2,605	2	461	113	1	2,028
Santee-Lynches (South Carolina)	445	3	35	1	0	406
Seattle-King County (Washington)	985	6	31	1	2	945
South Dakota	951	0	9	0	1	941
South Plains (Texas)	110	0	0	0	0	110
Southeast Michigan	507	2	21	0	0	484

Local area	(1) Randomly assigned	(2) Removed after random assignment: Revoked consent	(3) Removed after random assignment: Study ineligible	(4) Removed after random assignment: Consent form not received	(5) Removed after random assignment: Removed from study	(6) Members of the analysis sample [1-(2+3+4+5)]
Southwest Corner Pennsylvania	252	0	5	1	0	246
Twin Districts (Mississippi)	1,651	1	19	3	0	1,628
Waukesha-Ozaukee-Washington Counties (Wisconsin)	520	3	9	2	0	506
Across local areas	**35,665**	**53**	**761**	**415**	**7**	**34,429**

Source: WIA Gold Standard Evaluation's random assignment system database.

Table I.4. Share of individuals with WIASRD records (percentages)

Local area	Any records in WIASRD				Multiple WIASRD records	Have WIASRD record from another local area
	All customers	Core group	Core-and-intensive group	Full-WIA group		
Atlanta Region (Georgia)	34.2	50.8	10.2	34.4	0.1	0.6
Capital Region (New York)	87.2	84.7	92.9	87.0	16.1	0.5
Central Pennsylvania	97.3	97.1	95.3	97.7	8.1	0.0
Central Region (Missouri)	99.4	100.0	95.8	100.0	29.7	10.0
Chautauqua County (New York)	85.7	80.0	90.0	85.8	17.9	0.0
Chicago (Illinois)	91.6	54.4	86.3	95.4	1.0	0.1
East Tennessee	96.6	91.8	96.2	97.6	5.4	0.0
Essex County (New Jersey)	99.6	100.0	100.0	99.5	16.5	12.4
First Coast (Florida)	25.0	3.0	1.0	34.6	0.1	0.0
Fresno County (California)	99.9	100.0	100.0	99.9	0.0	0.0
Gulf Coast (Texas)	90.6	80.1	76.3	91.2	38.2	3.9
Indianapolis (Indiana)	78.7	71.4	75.9	79.2	9.9	0.0
Louisville (Kentucky)	97.6	100.0	97.5	97.3	29.2	4.3
Lower Savannah (South Carolina)	71.7	0.0	63.2	91.9	0.0	0.0
Muskegon (Michigan)	85.9	9.1	87.5	97.2	1.0	0.0
New Orleans (Louisiana)	92.8	87.7	91.2	93.6	4.8	0.0
New York City	91.3	88.4	91.5	91.4	39.1	0.0
North Central Texas	98.0	94.9	98.7	98.2	39.6	16.8
Northwest Pennsylvania	57.6	17.3	50.9	66.8	0.3	0.0
Sacramento (California)	91.1	22.9	94.6	94.8	4.2	0.0
Santee-Lynches (South Carolina)	49.8	2.1	48.8	57.0	0.2	0.0
Seattle-King County (Washington)	96.4	92.3	95.2	97.1	0.3	0.3
South Dakota	99.9	100.0	99.1	100.0	0.0	0.0
South Plains (Texas)	94.5	78.9	89.5	100.0	35.5	3.6
Southeast Michigan	83.9	9.5	98.7	97.0	1.4	2.3

Local area	Any records in WIASRD				Multiple WIASRD records	Have WIASRD record from another local area
	All customers	Core group	Core-and-intensive group	Full-WIA group		
Southwest Corner Pennsylvania	64.6	30.3	50.0	73.5	0.8	0.0
Twin Districts (Mississippi)	86.4	66.3	66.3	89.1	5.8	0.9
Waukesha-Ozaukee-Washington Counties (Wisconsin)	98.0	90.0	100.0	99.0	0.4	0.2
All local areas	**84.8**	**67.7**	**80.7**	**86.2**	**17.8**	**1.8**

Source: WIASRD records extracted between January 2014 and August 2014 and WIA Gold Standard Evaluation's random assignment system database.

Table I.5. Rates of intensive service receipt by customers in the core group

	Received intensive services during embargo, including day of random assignment			Received intensive services before date of random assignment		
	Number	Percentage of WIASRD records	Percentage of sample	Number	Percentage of WIASRD records	Percentage of sample
Atlanta Region (Georgia)	0	0.0	0.0	0	0.0	0.0
Capital Region (New York)	5	6.0	5.1	0	0.0	0.0
Central Pennsylvania	2	2.0	1.9	0	0.0	0.0
Central Region (Missouri)	0	0.0	0.0	1	2.1	2.1
Chautauqua County (New York)	1	6.3	5.0	0	0.0	0.0
Chicago (Illinois)	1	2.3	1.3	0	0.0	0.0
East Tennessee	1	2.2	2.0	0	0.0	0.0
Essex County (New Jersey)	1	7.1	7.1	0	0.0	0.0
First Coast (Florida)	0	0.0	0.0	0	0.0	0.0
Fresno County (California)	0	0.0	0.0	0	0.0	0.0
Gulf Coast (Texas)	10	9.2	7.4	16	14.7	11.8
Indianapolis (Indiana)	49	61.3	43.8	15	18.8	13.4
Louisville (Kentucky)	0	0.0	0.0	0	0.0	0.0
Lower Savannah (South Carolina)	0	n/a	0.0	0	n/a	0.0
Muskegon (Michigan)	0	0.0	0.0	0	0.0	0.0
New Orleans (Louisiana)	0	0.0	0.0	1	2.0	1.8
New York City	8	6.2	5.5	8	6.2	5.5
North Central Texas	4	5.3	5.1	5	6.7	6.3
Northwest Pennsylvania	1	11.1	1.9	0	0.0	0.0
Sacramento (California)	1	4.2	1.0	2	8.3	1.9
Santee-Lynches (South Carolina)	0	0.0	0.0	0	0.0	0.0
Seattle-King County (Washington)	2	2.1	1.9	0	0.0	0.0
South Dakota	0	0.0	0.0	0	0.0	0.0
South Plains (Texas)	1	6.7	5.3	1	6.7	5.3
Southeast Michigan	2	28.6	2.7	0	0.0	0.0

	Received intensive services during embargo, including day of random assignment			Received intensive services before date of random assignment		
	Number	Percentage of WIASRD records	Percentage of sample	Number	Percentage of WIASRD records	Percentage of sample
Southwest Corner Pennsylvania	2	20.0	6.1	1	10.0	3.0
Twin Districts (Mississippi)	8	12.7	8.4	5	7.9	5.3
Waukesha-Ozaukee-Washington Counties (Wisconsin)	1	1.9	1.7	0	0.0	0.0
Study Total	**100**	**7.2**	**4.8**	**55**	**3.9**	**2.7**

Source: WIASRD records extracted between January 2014 and August 2014 and WIA Gold Standard Evaluation's random assignment system database.

Notes: Timing of intensive services is based on day customer first received intensive services.

n/a = not applicable; no customers in the core group at this local area appeared in the WIASRD.

Table I.6. Rates of ITA receipt by customers in the core group

	Received ITA during embargo, including day of random assignment			Received ITA before date of random assignment		
	Number	Percentage of WIASRD records	Percentage of sample	Number	Percentage of WIASRD records	Percentage of sample
Atlanta Region (Georgia)	0	0.0	0.0	0	0.0	0.0
Capital Region (New York)	2	2.4	2.0	0	0.0	0.0
Central Pennsylvania	0	0.0	0.0	1	1.0	1.0
Central Region (Missouri)	0	0.0	0.0	0	0.0	0.0
Chautauqua County (New York)	0	0.0	0.0	0	0.0	0.0
Chicago (Illinois)	0	0.0	0.0	0	0.0	0.0
East Tennessee	0	0.0	0.0	0	0.0	0.0
Essex County (New Jersey)	1	7.1	7.1	0	0.0	0.0
First Coast (Florida)	0	0.0	0.0	0	0.0	0.0
Fresno County (California)	0	0.0	0.0	0	0.0	0.0
Gulf Coast (Texas)	0	0.0	0.0	0	0.0	0.0
Indianapolis (Indiana)	0	0.0	0.0	0	0.0	0.0
Louisville (Kentucky)	0	0.0	0.0	0	0.0	0.0
Lower Savannah (South Carolina)	0	n/a	0.0	0	n/a	0.0
Muskegon (Michigan)	0	0.0	0.0	0	0.0	0.0
New Orleans (Louisiana)	0	0.0	0.0	0	0.0	0.0
New York City	2	1.6	1.4	0	0.0	0.0
North Central Texas	0	0.0	0.0	0	0.0	0.0
Northwest Pennsylvania	0	0.0	0.0	0	0.0	0.0
Sacramento (California)	0	0.0	0.0	0	0.0	0.0
Santee-Lynches (South Carolina)	0	0.0	0.0	0	0.0	0.0
Seattle-King County (Washington)	0	0.0	0.0	0	0.0	0.0
South Dakota	0	0.0	0.0	0	0.0	0.0
South Plains (Texas)	0	0.0	0.0	0	0.0	0.0
Southeast Michigan	0	0.0	0.0	0	0.0	0.0

	Received ITA during embargo, including day of random assignment			Received ITA before date of random assignment		
	Number	Percentage of WIASRD records	Percentage of sample	Number	Percentage of WIASRD records	Percentage of sample
Southwest Corner Pennsylvania	0	0.0	0.0	0	0.0	0.0
Twin Districts (Mississippi)	0	0.0	0.0	0	0.0	0.0
Waukesha-Ozaukee-Washington Counties (Wisconsin)	0	0.0	0.0	0	0.0	0.0
Study Total	**5**	**0.4**	**0.2**	**1**	**0.1**	**0.0**

Source: WIASRD records extracted between January 2014 and August 2014 and WIA Gold Standard Evaluation's random assignment system database.

Notes: Timing of ITA is based on day customer started training.

n/a = not applicable; no customers in the core group at this local area appeared in the WIASRD.

Table I.7. Rates of ITA receipt by customers in the core-and-intensive group

	Received ITA during embargo, including day of random assignment			Received ITA before date of random assignment		
	Number	Percentage of WIASRD records	Percentage of sample	Number	Percentage of WIASRD records	Percentage of sample
Atlanta Region (Georgia)	1	16.7	1.7	0	0.0	0.0
Capital Region (New York)	3	3.3	3.1	0	0.0	0.0
Central Pennsylvania	0	0.0	0.0	0	0.0	0.0
Central Region (Missouri)	2	4.3	4.2	0	0.0	0.0
Chautauqua County (New York)	1	5.6	5.0	0	0.0	0.0
Chicago (Illinois)	1	1.4	1.3	0	0.0	0.0
East Tennessee	1	2.0	1.9	0	0.0	0.0
Essex County (New Jersey)	0	0.0	0.0	0	0.0	0.0
First Coast (Florida)	0	0.0	0.0	0	0.0	0.0
Fresno County (California)	0	0.0	0.0	0	0.0	0.0
Gulf Coast (Texas)	0	0.0	0.0	2	1.9	1.4
Indianapolis (Indiana)	0	0.0	0.0	0	0.0	0.0
Louisville (Kentucky)	0	0.0	0.0	0	0.0	0.0
Lower Savannah (South Carolina)	4	8.3	5.3	0	0.0	0.0
Muskegon (Michigan)	0	0.0	0.0	0	0.0	0.0
New Orleans (Louisiana)	0	0.0	0.0	0	0.0	0.0
New York City	0	0.0	0.0	0	0.0	0.0
North Central Texas	2	2.6	2.5	0	0.0	0.0
Northwest Pennsylvania	0	0.0	0.0	0	0.0	0.0
Sacramento (California)	0	0.0	0.0	0	0.0	0.0
Santee-Lynches (South Carolina)	1	4.8	2.3	0	0.0	0.0
Seattle-King County (Washington)	2	2.0	1.9	0	0.0	0.0
South Dakota	0	0.0	0.0	0	0.0	0.0
South Plains (Texas)	0	0.0	0.0	0	0.0	0.0
Southeast Michigan	0	0.0	0.0	0	0.0	0.0

	Received ITA during embargo, including day of random assignment			Received ITA before date of random assignment		
	Number	Percentage of WIASRD records	Percentage of sample	Number	Percentage of WIASRD records	Percentage of sample
Southwest Corner Pennsylvania	0	0.0	0.0	0	0.0	0.0
Twin Districts (Mississippi)	0	0.0	0.0	0	0.0	0.0
Waukesha-Ozaukee-Washington Counties (Wisconsin)	0	0.0	0.0	0	0.0	0.0
Study Total	**18**	**1.1**	**0.9**	**2**	**0.1**	**0.1**

Source: WIASRD records extracted between January 2014 and August 2014 and WIA Gold Standard Evaluation's random assignment system database.

Notes: Timing of ITA is based on day customer started training. Two customers received an ITA, but the date they started training was not listed. They are classified as receiving an ITA during the embargo period.

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